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| Fill in this information to identify your case: |   |                                      |
|---|---|--------------------------------------|
| United States Bankruptcy Court for the :        |   |                                      |
| NORTHERN District of ILLINOIS (State)           |   |                                      |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

## Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | It 1: Identify Yourself                               |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  |                            |   |
|    | Write the name that is on your                        | Erik                       |   |
|    | government-issued picture                             | First name                 | First name                                    |
|    | identification (for example, your driver's license or | Thomas                     |   |
|    | passport).  | Middle name                | Middle name                                   |
|    | Bring your picture                                    | Scheckelhoff               |   |
|    | identification to your meeting with the trustee.      | Last name                  | Last name                                     |
|    | with the dustee.                                      | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you                                   |                            |   |
|    | have used in the last 8                               | First name                 | First name                                    |
|    | years   |                            |   |
|    | Include your married or maiden names.                 | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
|    |   |                            |   |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   |                            |   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of                             |                            |   |
| 0. | your Social Security                                  | xxx - xx - <u>7878</u>     | XXX - XX                                      |
|    | number or federal<br>Individual Taxpayer              | OR                         | OR  |
|    | Identification number                                 | 9xx - xx                   | <b>9</b> xx - xx                              |

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Thomas

Document P

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|---------------------------|-----------|
| Page 2 of 61              |           |
| Case Number (if known)    |           |

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|--|---|---|
| 4. | Any business names<br>and Employer<br>Identification Numbers | I have not used any business names or EINs.   | I have not used any business names or EINs.   |
|    | (EIN) you have used in the last 8 years                      | Business name   | Business name   |
|    | Include trade names and doing business as names              | Business name   | Business name   |
|    | •  | EIN   | EIN   |
|    |  | EIN   | EIN   |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:   |
|    |  | 5116 W Wrightwood Ave  Number Street  | Number Street   |
|    |  | Chicago IL 60639 City State ZIP Code  | City State ZIP Code   |
|    |  | COOK  | County  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
|    |  | Number Street   | Number Street   |
|    |  | P.O. Box  | P.O. Box  |
|    |  | City State ZIP Code   | City State ZIP Code   |
| 6. | Why you are choosing   | Check one:  | Check one:  |
|    | this district to file for bankruptcy.                        | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                            |
|    |  | l have another reason. Explain.<br>(See 28 U.S.C. § 1408  | I have another reason. Explain. (See 28 U.S.C. § 1408   |
|    |  |   |   |
|    |  |   |   |
|    |  |   |   |

Erik

Debtor 1

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Document Scheckelhoff Thomas Erik Debtor 1

Case Number (if known)

| Part 2:              | Tell the Court About You         | ır Bankruptcy            | Case   |  |   |
|----------------------|----------------------------------|--------------------------|--|--|---|
|                      | apter of the<br>ptcy Code you    |                          | •  |  | equired by 11 U.S.C. § 342(b) for Individuals page 1 and check the appropriate box.   |
| are cho              | osing to file                    | ■ Chap                   | ter 7  |  |   |
| under                |                                  | ☐ Chap                   | oter 11  |  |   |
|                      |                                  | ☐ Chap                   | ter 12   |  |   |
|                      |                                  | ☐ Chap                   | ter 13   |  |   |
| . How yo             | u will pay the fee               | local<br>yours<br>subm   | court for more details<br>self, you may pay with                           | about how you may<br>cash, cashier's chec<br>on your behalf, your a            | Please check with the clerk's office in your pay. Typically, if you are paying the feek, or money order. If your attorney is ttorney may pay with a credit card or check  |
|                      |                                  |                          |  |  | pose this option, sign and attach the e in Installments (Official Form 103A).   |
|                      |                                  | By la<br>less t<br>pay t | w, a judge may, but is<br>than 150% of the offic<br>he fee in installments | s not required to, wait<br>sial poverty line that a<br>). If you choose this o | est this option only if you are filing for Chapter 7. We your fee, and may do so only if your income is pplies to your family size and you are unable to option, you must fill out the Application to Have the B) and file it with your petition. |
| -                    | ou filed for<br>otcy within the  | ■ No                     |  |  |   |
| last 8 ye            | ears?                            | ☐ Yes.                   | District None  | When   | Case Number   |
|                      |                                  |                          | District None  | When   | Case Number   |
|                      |                                  |                          | District   | When   | Case Number   |
|                      |                                  |                          | District   | when   | MM / DD / YYYY  |
| cases p              | bankruptcy<br>ending or being    | ■ No                     |  |  |   |
| -                    | a spouse who is g this case with | ☐ Yes.                   |  |  | Relationship to you  Case Number, if known  |
|                      | by a business<br>or by           |                          | District   | viicii   | MM / DD / YYYY  |
|                      |                                  |                          |  |  | Relationship to you   |
|                      |                                  |                          | District   | When   | Case Number, if known   |
| 1. Do you<br>residen | rent your<br>ce?                 | ■ No.<br>□ Yes.          | Go to line 12<br>Has your landlord obtaresidence?                          | nined an eviction judgme   | ent against you and do you want to stay in your   |
|                      |                                  |                          | ☐ No. Go to line 12 ☐ Yes. Fill out <i>Initia</i> this bankruptcy p        | al Statement About an E  | viction Judgment Against You (Form 101A) and file it with   |

| Debtor 1 | Erik | Thomas | Document<br>Scheckelhoff | Page 4 of 61  Case Number (if known) |
|----------|------|--------|--------------------------|--------------------------------------|
|          |      |        |                          | . ,                                  |

| business? A sole proprietorship is a   | ■ No.<br>□ Yes. | Go to Part 4.  Name and location of business   |                |
|--|-----------------|--|----------------|
| business you operate as an individual, and is not a separate legal entity such as  |                 | Name of business, if any   |                |
| a corporation, partnerhsip, or LLC.  If you have more than one sole proprietorship, use a separate sheed and attach it to this petition.   |                 | Number Street  |                |
|  |                 | City   | State Zip Code |
|  |                 | Check the appropriate box to describe your business:   |                |
|  |                 | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  |                |
|  |                 | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |                |
|  |                 | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))   |                |
|  |                 | Commodity Broker (as defined in 11 U.S.C. § 101(6))  |                |
|  |                 | ☐ None of the above  |                |
| debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).   | ☐ No.           | I am not filing under Chapter 11.  I am filing under Chapter 11, but I am NOT a small business debtor accord the Bankruptcy Code.  I am filing under Chapter 11 and I am a small business debtor according to Bankruptcy Code. |                |
| Part 4: Report if You Own or Hav   | ve Anv Hazard   | lous Property or Any Property That Needs Immediate Attention   |                |
| -  | •               |  |                |
|  | _               |  |                |
| 4. Do you own or have any property that poses or is  | No.             |  |                |
| property that poses or is<br>alleged to pose a threat<br>of imminent and   | _               | What is the hazard?  |                |
| property that poses or is<br>alleged to pose a threat  | _               | What is the hazard?  |                |
| property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety? Or do you own any property that needs immediate attention?   | _               | What is the hazard?  |                |
| property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety? Or do you own any property that needs  | _               |  |                |
| property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building | _               | If immediate attention is needed, why is it needed?  |                |
| property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building | _               | If immediate attention is needed, why is it needed?  |                |
| property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building  | _               | If immediate attention is needed, why is it needed?  |                |

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Debtor 1

Erik **Thomas**  Document Scheckelhoff

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Case Number (if known)

Part 5:

**Explain Your Efforts to R** 

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| ceive a Briefing About Credit Counseling  |   |
|---|---|
| About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
| You must check one:   | You must check one:   |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  | ☐I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.   |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  |
| ☐I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.  | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |
| ☐I am not required to receive a briefing about credit counseling because of:  | I am not required to receive a briefing about credit counseling because of:   |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

through the internet, even after I reasonably tried to do so. Active duty. I am currently on active military duty in a military combat zone.

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making

rational decisions about finances.

My physical disability causes me

to be unable to participate in a

briefing in person, by phone, or

Incapacity.

Disability.

If you believe you are not required to receive a briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

Debtor 1 Erik Thomas Document Scheckelhoff

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Case Number (if known)

| Pa  | rt 6: Answer These Questions   | for Reporting Purposes  |  |  |
|-----|--|---|--|--|
| 16. | What kind of debts do you have?  | as "incurred by an individual No. Go to line 16b. Yes. Go to line 17. | consumer debts? Consumer debts are def primarily for a personal, family, or household primarily for a personal family, or household primarily for a personal family, or household primarily for a personal family family for a personal family f | ourpose."  |
|     |  |   | estment or through the operation of the busines  | -  |
|     |  | No. Go to line 16c. Yes. Go to line 17.                               |  |  |
|     |  | _   | owe that are not consumer debts or business d  | ebts.  |
|     |  |   |  |  |
| 17. | Are you filing under Chapter 7?  | ☐ No. I am not filing under Cl  | napter 7. Go to line 18.   |  |
|     | Do you estimate that after any exempt property is  |   | er 7. Do you estimate that after any exempt press are paid that funds will be available to distrib   | · ·  |
|     | excluded and   | No.   |  |  |
|     | administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ∐Yes.   |  |  |
| 18. | How many creditors do  | ■ 1-49  | 1,000-5,000  | 25,001-50,000  |
|     | you estimate that you owe?   | □ 50-99<br>□ 100-199  | ☐ 5,001-10,000<br>☐ 10,001-25,000  | ☐ 50,001-100,000<br>☐ More than 100,000  |
|     |  | 200-999   |  |  |
| 19. | How much do you  | \$0-\$50,000  | \$1,000,001-\$10 million   | \$500,000,001-\$1 billion  |
|     | estimate your assets to be worth?  | \$50,001-\$100,000<br>\$100,001-\$500,000                             | ☐ \$10,000,001-\$50 million<br>☐ \$50,000,001-\$100 million  | ☐\$1,000,000,001-\$10 billion<br>☐\$10,000,000,001-\$50 billion  |
|     | be worth.  | \$500,001-\$300,000   | \$100,000,001-\$500 million  | ☐ More than \$50 billion   |
| 20. | How much do you  | \$0-\$50,000  | □ \$1,000,001-\$10 million   | □\$500,000,001-\$1 billion   |
|     | estimate your liabilities  | <b>\$50,001-\$100,000</b>   | □ \$10,000,001-\$50 million  | \$1,000,000,001-\$10 billion   |
|     | to be?   | \$100,001-\$500,000   | \$50,000,001-\$100 million   | \$10,000,000,001-\$50 billion  |
| Da  | rt 7: Sign Below   | ☐ \$500,001-\$1 million   | ☐ \$100,000,001-\$500 million  | ☐ More than \$50 billion   |
|     | you  | I have examined this petition, and correct.                           | I declare under penalty of perjury that the infor  | mation provided is true and  |
|     |  | -   | oter 7, I am aware that I may proceed, if eligible<br>nderstand the relief available under each chap   | The state of the s |
|     |  | · .   | did not pay or agree to pay someone who is nd read the notice required by 11 U.S.C. § 342(   | ·  |
|     |  | I request relief in accordance with                                   | the chapter of title 11, United States Code, spe   | ecified in this petition.  |
|     |  |   | ment, concealing property, or obtaining money<br>in fines up to \$250,000, or imprisonment for up<br>d 3571.   |  |
|     |  | /s/ Erik Thomas Sche Signature of Debtor 1                            | <del></del>  | ure of Debtor 2  |
|     |  | Ç   | ·  |  |
|     |  | Executed on05/19/2017   |  |  |
|     |  | MM / DD   | / 1111   | MM / DD / YYYY   |

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| Debtor 1 | Erik       | Thomas      | Scheckelhoff | Case Number (if known) |
|----------|------------|-------------|--------------|------------------------|
|          | First Name | Middle Name | Last Name    |                        |

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Nicholas Jacob Tepeli              | Date    | Date: 05/24/2017  | •      |
|--|---------|-------------------|--------|
| Signature of Attorney for Debtor         |         | MM / DD / YYYY    |        |
| Nicholas Jacob Tepeli                    |         |                   |        |
| Printed name                             |         |                   |        |
| Geraci Law L.L.C.                        |         |                   |        |
| Firm name                                |         |                   |        |
| 55 E. Monroe St., #3400                  |         |                   |        |
| Number Street                            |         |                   |        |
|  |         |                   |        |
| Chicago                                  | IL      | 60603             |        |
| Chicago                                  | ILState | 60603<br>ZIP Code |        |
| Chicago City  Contact Phone 312-332-1800 |         | ZIP Code          | aw.cor |
| City                                     | State   | ZIP Code          | aw.cor |

| formation to ide | entify your case:                               |  |
|------------------|---|--|
| Erik             | Thomas  | Scheckelhoff   |
| First Name       | Middle Name                                     | Last Name  |
|                  |   |  |
| First Name       | Middle Name                                     | Last Name  |
| Bankruptcy Court | for the : <u>NORTHERN</u> District of <u>II</u> | LINOIS (State)   |
|                  |   | -  |
|                  | Erik First Name First Name Bankruptcy Court     | First Name Middle Name  First Name Middle Name  Bankruptcy Court for the :NORTHERN District of _IL |

# Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1:  | Summarize Your Assets   |   |
|----------|---|---|
|          |   | <b>Your assets</b><br>Value of what you own |
|          | e A/B: Property (Official Form 106A/B) y line 55, Total real estate, from Schedule A/B  | \$0   |
| 1ь. Сору | line 62, Total personal property, from Schedule A/B   | \$ 3,803                                    |
| 1с. Сору | v line 63, Total of all property on Schedule A/B  | \$ 3,803                                    |
| Part 2:  | Summarize Your Liabilities  |   |
|          |   | Your liabilities<br>Amount you owe          |
|          | e D: Creditors Who Have Claims Secured by Property (Official Form 106D) the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0   |
|          | e E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | <u>\$80</u><br>\$307,058                    |
| 3ь. Сору | the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>   | φ307,030                                    |
|          |   |   |
| Part 3:  | Summarize Your Liabilities  |   |
|          | e I: Your Income (Official Form 106I) our combined monthly income from line 12 of Schedule I  | \$4,353.88                                  |
|          | e J: Your Expenses (Official Form 106J) our monthly expenses from line 22c of Schedule J  | \$4,348.00                                  |

Document Scheckelhoff Erik Thomas Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name

| Part 4:         | Answer These Questions for Administrative and Statistical Records   |               |             |  |  |  |
|-----------------|---|---------------|-------------|--|--|--|
| _               | Are you filing for bankruptcy under Chapter 7, 11 or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes   |               |             |  |  |  |
| Your famil      | <ul> <li>What kind of debt do you have?</li> <li>Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.</li> <li>Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.</li> </ul> |               |             |  |  |  |
|                 | e Statement of Your Current Monthly Income: Copy your total current monthly income from Offi<br>2A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.   | cial<br>-     | \$ 6,372.70 |  |  |  |
|                 | e following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :   | Total claim   |             |  |  |  |
| From P          | art 4 of Schedule E/F, copy the following:  |               |             |  |  |  |
| 9a. Dom         | estic support obligations (Copy line 6a.)   | \$_0.00       |             |  |  |  |
| 9b. Taxe        | es and certain other debts you owe the government. (Copy line 6b.)  | \$_80.00      |             |  |  |  |
| 9c. Clain       | ns for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$_0.00       |             |  |  |  |
| 9d. Stud        | ent loans. (Copy line 6f.)  | \$_271,111.00 |             |  |  |  |
|                 | gations arising out of a separation agreement or divorce that you did not report as<br>laims. (Copy line 6g.)   | \$_0.00       |             |  |  |  |
| 9f. Debt        | s to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | \$_0.00       |             |  |  |  |
| 9g. <b>Tota</b> | I. Add lines 9a through 9f.   | \$ 271,191.00 |             |  |  |  |

|                                 | Caco 1                                  | 7 16170 Doc 1   | Eilad 05/25/17                | Entered 05/25/17 09:05:2  | 7 Des    | sc Main          |               |
|---------------------------------|---|---|-------------------------------|---|----------|------------------|---------------|
| Fill in this in                 | formation to ide                        | ntify your case and this filing:  |                               | 0 of 61   |          |                  |               |
| Debtor 1                        | Erik                                    | Thomas  | Scheckelhoff                  |   |          |                  |               |
| D.1.4 0                         | First Name                              | Middle Name   | Last Name                     |   |          |                  |               |
| Debtor 2<br>(Spouse, if filing) | First Name                              | Middle Name   | Last Name                     |   |          |                  |               |
| United States                   | Bankruptcy Court f                      | or the : <u>NORTHERN</u> District of                                      | _ILLINOIS                     |   |          |                  |               |
| Case Number                     | ·                                       |   | (State)                       |   |          | Check if this i  | is an         |
| (If known)                      |   | <u></u>   |                               |   |          | amended filin    | ıg            |
|                                 | <u>orm 106A</u>                         |   |                               |   |          |                  |               |
|                                 | e A/B: Pr                               |   |                               |   |          |                  | 12/15         |
|                                 |   |   |                               | its in more than one category, list the ass<br>rried people are filing together, both are e |          |                  |               |
| =                               |   | ct information. If more space i<br>se number (if known). Answer           |                               | sheet to this form. On the top of any add   | litional |                  |               |
|                                 |   | sidence, Building, Land, or Othe  |                               | e an Interest In  |          |                  |               |
|                                 |   | gal or equitable interest in any  |                               |   |          |                  |               |
| No.                             |   |   |                               |   |          |                  |               |
| Yes.  2. Add the dol            | Describe lar value of the p             | portion you own for all of your   | entries fro Part 1, including | g any entries for pages   |          |                  |               |
| you have at                     | tached for Part                         | 1. Write that number here   |                               | >   |          |                  | \$0.00        |
| Part 2:                         | Describe Your Ve                        | hicles  |                               |   |          |                  |               |
| Do you own, le                  | ease, or have leg                       | al or equitable interest in any   | vehicles, whether they are    | registered or not? Include any vehicles   |          |                  |               |
| =                               | _                                       | ·   |                               | ecutory Contracts and Unexpired Leases.   |          |                  |               |
|                                 | s, trucks, tractor                      | s, sport utility vehicles, motor  | cycles                        |   |          |                  |               |
| No.                             | Describe                                |   |                               |   |          |                  |               |
|                                 |   | homes, ATVs and other recreators, personal watercraft, fishing ves        |                               |   |          |                  |               |
| No.                             | ,,                                      | , p   | ,,                            |   |          |                  |               |
| _                               | Describe                                | portion you own for all of your   | entries fro Part 2. including | any entries for pages   |          |                  |               |
|                                 | -                                       | 2. Write that number here   |                               | >   |          |                  | \$ 0.00       |
| Part 3:                         | Describe Your Pe                        | rsonal and Household Items  |                               |   |          |                  |               |
|                                 | r have any legal                        | or equitable interest in any of   | the following items?          |   |          | Current value of | the           |
| •                               | , ,                                     |   | J                             |   |          | portion you own  |               |
|                                 |   |   |                               |   |          | or exemptions    | ileu ciaiilis |
|                                 | d goods and furr<br>Major appliances, f | nishings<br>furniture, linens, china, kitchenware                         |                               |   |          |                  |               |
| No.                             |   |   |                               |   |          |                  |               |
| Yes.                            | Describe                                | Furniture, linens, small appliances                                       |                               |   | \$1,000  |                  |               |
| 07. Electronic                  | s                                       |   |                               |   |          | \$               | 1,000.00      |
|                                 |   | dios; audio, video, stereo, and digita including cell phones, cameras, me |                               | , scanners; music   |          |                  |               |
| No.                             | , ciconomic devices                     | moduling con priorities, carrieras, me                                    | dia piayers, games            |   |          |                  |               |
| Yes.                            | Describe                                | Flat screen TV, tablet, cell phone  |                               |   | \$500    |                  |               |
| 08. Collectible                 | os of value                             |   |                               |   |          | \$               | 500.00        |
| Examples:                       | Antiques and figuri                     | nes; paintings, prints, or other artwo                                    |                               | bjects;   |          |                  |               |
| stamp, coir<br>No.              | n, or baseball card o                   | collections; other collections, memor                                     | abilia, collectibles          |   |          |                  |               |
| Yes.                            | Describe                                |   |                               |   |          | \$               | 0.00          |
|                                 |   |   |                               |   |          | ₽                | 3.00          |

Official Form 106A/B Record # 744532 Schedule A/B: Property Page 1 of 6

Debtor 1

Case 17-16170 Erik

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Desc Main

| Firet | Nama |  |  |
|-------|------|--|--|

| 09. | Equipment                            | for sports and               | hobbies  |  |
|-----|--------------------------------------|------------------------------|--|--|
|     |                                      |                              | nic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes nusical instruments  |  |
|     | Yes.                                 | Describe                     |  | \$ <u>0.0</u> 0  |
| 10. | Firearms Examples: I                 | Pistols, rifles, shot        | guns, ammunition, and related equipment  |  |
|     | Yes.                                 | Describe                     |  | \$0.00   |
| 11. | Clothes Examples: I                  | Everyday clothes,            | furs, leather coats, designer wear, shoes, accessories   |  |
|     | Yes.                                 | Describe                     | Everyday clothes, shoes, accessories \$300   | \$ 300.00  |
| 12. | Jewelry Examples: I gold, silver No. | Everyday jewelry,            | costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   | , <del></del>  |
|     | Yes.                                 | Describe                     |  | s 0.00   |
| 13. | Non-farm a Examples: I               | nimals<br>Dogs, cats, birds, | norses   | <u> </u>   |
|     | Yes.                                 | Describe                     | Daisy the cat \$0  | \$ <u>0.0</u> 0  |
| 14. | Any other                            | personal and ho              | ousehold items you did not already list, including any health aids you did not list  | -  |
|     | Yes.                                 | Describe                     | books, CDs, DVDs & Family Photos \$300 1st edition Hitchhikers Guide to the Galaxy \$1,500   |  |
| 15. | Add the do                           | llar value of all            | of your entries from Part 3, including any entries for pages you have attached   | \$ <u>1,800.0</u> 0<br>\$3,600.00                            |
|     |                                      | Write that numb              | er here>   |  |
|     | -airt -a:                            |                              | or equitable interest in any of the following?   | Current value of the   |
|     | ,                                    | ,                            |  | portion you own?  Do not deduct secured claims or exemptions |
| 16. |                                      | Money you have ir            | your wallet, in your home, in a safe deposit box, and on hand when you file your petition  |  |
|     | No. Yes.                             | Describe                     |  | \$ 0.00  |
| 17. |                                      | Checking, savings            | , or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, fyou have multiple accounts with the same institution, list each. | <u> </u>   |
|     | Yes.                                 | Describe                     | Account Type: Institution name: Checking Account Chase Bank  | <b>\$</b> 15.00  |
|     |                                      |                              | Checking Account Chase Bank  | \$ 188.00<br>\$ 203.00                                       |
| 18. |                                      | -                            | ublicly traded stocks ment accounts with brokerage firms, money market accounts  | <u> </u>   |
|     | Yes.                                 | Describe                     | Institution or issuer name:  | \$0.00   |
| 19. | Non-public                           | ly traded stock              | and interests in incorporated and unincorporated businesses, including an interest in  | -  |
|     | Yes.                                 | Describe                     | Name of Entity and Percent of Ownership:   | \$ 0.00  |

Debtor 1

Frik

Case 17-16170

Social Security benefits; unpaid loans you made to someone else

No.

Yes

Describe

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Desc Main

0.00

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|---------|---------------------|
|         |                     |
| DOC     | ument               |
|         |                     |

First Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No. Yes. Describe..... Issuer name: 0.00 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Describe..... Type of account and Institution name: Yes 0.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications No. Yes. Describe..... Institution name or individual: 0.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) Yes. Describe..... Issuer name and description: 0.00 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No. Yes. Describe..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 0.00 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers No. Yes. Describe..... 0.00 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No. Yes. Describe..... 0.00 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No. Describe..... Illinois Law License \$0 0.00 Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions 28. Tax refunds owed to you No. Yes. Describe..... 0.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Describe..... 0.00 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,

Case 17-16170 Thomas Doc 1 Erik Debtor 1

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Desc Main

First Name

Middle Name

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|            |   | policies   |  |
|------------|---|--|--|
|            | Examples: Health, disa  | oility, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  |  |
|            | No.   | Company Name & Beneficiary:  |  |
|            | Yes. Describe   |  | \$ 0.00  |
| 32         | Any interest in prop  | rty that is due you from someone who has died  | Ψ  |
| J          |   | y of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive  |  |
|            | property because some   |  |  |
|            | Yes. Describe   |  |  |
|            |   |  | \$ <u>0.0</u> 0  |
| 33.        | . Claims against third  | parties, whether or not you have filed a lawsuit or made a demand for payment  |  |
|            | Examples: Accidents, o  | mployment disputes, insurance claims, or rights to sue   |  |
|            | Yes. Describe   |  | 0.00   |
| 24         | Other centingent on   | Lunliquidated alaima of avery nature, including counterplaims of the debter and rights   | \$0.00   |
| 34.        | No.   | l unliquidated claims of every nature, including counterclaims of the debtor and rights  |  |
|            | Yes. Describe   |  | s 0.00   |
| 35         | Any financial assets  | you did not already list   |  |
| 33.        | No.   | you did not alleady list   |  |
|            | Yes. Describe   |  |  |
|            |   |  | \$0.00   |
| 36         | Add the dollar value  | of all of your entries from Part 4, including any entries for pages you have attached  |  |
| 00.        |   | number here>   | \$203.00   |
|            | ior rait 4. Write that  |  |  |
|            | Part 5: Describe A  | y Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |  |
| 37.        | . Do you own or have  | any legal or equitable interest in any business-related property?  |  |
|            | No.   |  |  |
|            | Yes.  |  |  |
|            |   |  |  |
|            |   |  |  |
|            |   |  | Current value of the   |
|            |   |  | portion you own?   |
|            |   |  |  |
| 38.        | . Accounts receivable   | or commissions you already earned  | portion you own? Do not deduct secured claims                        |
| 38         | . Accounts receivable   | or commissions you already earned  | portion you own? Do not deduct secured claims                        |
| 38.        | _   |  | portion you own? Do not deduct secured claims or exemptions          |
|            | No. Yes. Describe   |  | portion you own? Do not deduct secured claims                        |
|            | No. Yes. Describe  Office equipment, fu   | mishings, and supplies   | portion you own? Do not deduct secured claims or exemptions          |
|            | No. Yes. Describe  Office equipment, fu  Examples: Business-re  |  | portion you own? Do not deduct secured claims or exemptions          |
|            | No. Yes. Describe  Office equipment, fu   | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices   | portion you own? Do not deduct secured claims or exemptions          |
| 39.        | No. Yes. Describe  Office equipment, fu  Examples: Business-re No. Yes. Describe  | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices   | portion you own? Do not deduct secured claims or exemptions          |
| 39.        | No. Yes. Describe  Office equipment, fu  Examples: Business-re No. Yes. Describe  Machinery, fixtures,  | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices   | portion you own? Do not deduct secured claims or exemptions  \$      |
| 39.        | No. Yes. Describe  Office equipment, fu  Examples: Business-re No. Yes. Describe  Machinery, fixtures, No.  | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices equipment, supplies you use in business, and tools of your trade  | portion you own? Do not deduct secured claims or exemptions  \$      |
| 39.        | No. Yes. Describe  Office equipment, fu  Examples: Business-re No. Yes. Describe  Machinery, fixtures,  | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices equipment, supplies you use in business, and tools of your trade  | portion you own? Do not deduct secured claims or exemptions  \$      |
| 39.        | No. Yes. Describe  Office equipment, fu  Examples: Business-re No. Yes. Describe  Machinery, fixtures, No.  | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices equipment, supplies you use in business, and tools of your trade  | portion you own? Do not deduct secured claims or exemptions  \$ 0.00 |
| 39.        | No. Yes. Describe  Office equipment, fu  Examples: Business-re No. Yes. Describe  Machinery, fixtures, No. Yes. Describe  | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices equipment, supplies you use in business, and tools of your trade  | portion you own? Do not deduct secured claims or exemptions  \$ 0.00 |
| 39.        | No. Yes. Describe  Office equipment, fu  Examples: Business-re No. Yes. Describe  Machinery, fixtures, No. Yes. Describe  | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices equipment, supplies you use in business, and tools of your trade  | portion you own? Do not deduct secured claims or exemptions  \$      |
| 39.<br>40. | No. Yes. Describe  No. Examples: Business-re No. Yes. Describe  Machinery, fixtures, No. Yes. Describe  Inventory No. Yes. Describe   | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices equipment, supplies you use in business, and tools of your trade  | portion you own? Do not deduct secured claims or exemptions  \$ 0.00 |
| 39.<br>40. | No. Yes. Describe  Office equipment, fu  Examples: Business-re No. Yes. Describe  Machinery, fixtures, No. Yes. Describe  Inventory No.   | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices equipment, supplies you use in business, and tools of your trade  | portion you own? Do not deduct secured claims or exemptions  \$      |
| 39.<br>40. | No. Yes. Describe  Office equipment, fu  Examples: Business-re No. Yes. Describe  Machinery, fixtures, No. Yes. Describe  Inventory No. Yes. Describe  Interests in partners No.  | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices   | portion you own? Do not deduct secured claims or exemptions  \$      |
| 39.<br>40. | No. Yes. Describe  Office equipment, fu  Examples: Business-re No. Yes. Describe  Machinery, fixtures, No. Yes. Describe  Inventory Yes. Describe  Inventory Yes. Describe  | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices   | portion you own? Do not deduct secured claims or exemptions  \$      |
| 40.<br>41. | No. Yes. Describe  Office equipment, fu  Examples: Business-re No. Yes. Describe  Machinery, fixtures, No. Yes. Describe  Inventory No. Yes. Describe  Interests in partners No. Yes. Describe  Interests in partners No. Yes. Describe | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices   | portion you own? Do not deduct secured claims or exemptions  \$      |
| 40.<br>41. | No.  Yes. Describe  Office equipment, fu  Examples: Business-re  No.  Yes. Describe  Machinery, fixtures,  No.  Yes. Describe  Inventory  No.  Yes. Describe  Interests in partners  No.  Yes. Describe  Customer lists, mail           | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  equipment, supplies you use in business, and tools of your trade   hips or joint ventures  Name of Entity and Percent of Ownership:  ng lists, or other compilations | portion you own? Do not deduct secured claims or exemptions  \$      |
| 40.<br>41. | No. Yes. Describe  Office equipment, fu  Examples: Business-re No. Yes. Describe  Machinery, fixtures, No. Yes. Describe  Inventory No. Yes. Describe  Interests in partners No. Yes. Describe  Interests in partners No. Yes. Describe | rnishings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  equipment, supplies you use in business, and tools of your trade   hips or joint ventures  Name of Entity and Percent of Ownership:  ng lists, or other compilations | portion you own? Do not deduct secured claims or exemptions  \$      |

Debtor 1 Erik Case 17-16170 Doc 1 Filed 05/25/17 Entered 05/25/17 09:05:27 Desc Main Scheckelhoff Page 14 of 6 tumber (if known)

| 44. Any business-related property you did not already list  |                 |
|---|-----------------|
| Yes. Describe   | \$0.00          |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here>                  | \$ 0.00         |
| Part 6:  Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  If you own or have an interest in farmland, list it in Part 1. |                 |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  No.  |                 |
| Yes. Describe   | \$ <u> </u>     |
| 47. Farm animals  Examples: Livestock, poultry, farm-raised fish  |                 |
| Yes. Describe   | \$ 0.00         |
| 48. Crops—either growing or harvested  No.  |                 |
| Yes. Describe   | \$0.00          |
| 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  No.  |                 |
| ☐ Yes. Describe   | \$0.00          |
| 50. Farm and fishing supplies, chemicals, and feed No.  |                 |
| Yes. Describe   | \$ <u>0.0</u> 0 |
| 51. Any farm- and commercial fishing-related property you did not already list  No.   | _               |
| Yes. Describe   | \$0.00          |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here                   | \$0.00          |
| Part 7:  Describe All Property You Own or Have an Interest in That You Did Not List Above   |                 |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership   |                 |
| No.  Yes. Describe  | _               |
|   | \$0.00          |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here>  | \$0.00          |

Debtor 1

Erik

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Last Name Page 15 of the known Page 15 of the kno

Desc Main

First Name

| Part 8: List the Totals of Each Part of this Form                |             |             |
|--|-------------|-------------|
| 55. Part 1: Total real estate, line 2                            |             | \$ 0.00     |
| 56. Part 2: Total vehicles, line 5                               | \$ 0.00     |             |
| 57. Part 3: Total personal and household items, line 15          | \$ 3,600.00 |             |
| 58. Part 4: Total financial assets, line 36                      | \$ 203.00   |             |
| 59. Part 5: Total business-related property, line 45             | \$ 0.00     |             |
| 60. Part 6: Total farm- and fishing-related property, line 52    | \$ 0.00     |             |
| 61. Part 7: Total other property not listed, line 54             | \$ 0.00     |             |
| 62. <b>Total personal property.</b> Add lines 56 through 61      | \$ 3,803.00 | \$ 3,803.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 |             | \$3,803.00  |

| Fill in this in     | nformation to ider  | ntify your case:                              |                     |
|---------------------|---------------------|---|---------------------|
| Debtor 1            | Erik                | Thomas  | Scheckelhoff        |
|                     | First Name          | Middle Name                                   | Last Name           |
| Debtor 2            |                     |   |                     |
| (Spouse, if filing) | First Name          | Middle Name                                   | Last Name           |
| United States       | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of <u>I</u> | ILLINOIS<br>(State) |
| Case Number         | r                   |   | _                   |
| (If known)          |                     |   |                     |

## Official Form 106C

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.  You are claiming state and federal nonbankruptcy exemptions . 11 U.S.C. § 522(b)(3) |  |                                      |   |                                      |  |  |  |
|--|--|--------------------------------------|---|--------------------------------------|--|--|--|
| You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)   |  |                                      |   |                                      |  |  |  |
|  |  |                                      |   |                                      |  |  |  |
| For any property   | y you list on Schedule A/B that yo                     | u claim as exempt, fill in t         | he information below.   |                                      |  |  |  |
| •  | on of the property and line on hat lists this property | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |  |  |  |
|  |  | Copy the value from Schedule A/B     | Check only one box for each exemption                           |                                      |  |  |  |
| Brief description:   | Furniture, linens, small appliances                    | \$_1,000                             | \$  | 735 ILCS 5/12-1001(b) - \$1,000.00   |  |  |  |
| Line from Schedule A/B:  | 06   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |
| Brief description:   | Flat screen TV, tablet, cell phone                     | \$_ 500                              | <b></b>   | 735 ILCS 5/12-1001(b) - \$500.00     |  |  |  |
| Line from Schedule A/B:  | 07   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |
| Brief description:   | Everyday clothes, shoes, accessories                   | \$ <u>300</u>                        | <b>\$</b>   | 735 ILCS 5/12-1001(a),(e) - \$300.00 |  |  |  |
| Line from Schedule A/B:  | 11   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |
| Brief<br>description:  | Daisy the cat  | \$ <u>0</u>                          | <b></b>   | 735 ILCS 5/12-1001(b) - \$0.00       |  |  |  |
| Line from Schedule A/B:  | 13   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |
|  |  |                                      |   |                                      |  |  |  |
| Official Form 106C Record # 744532 Schedule C: The Property You Claim as Exempt Page 1 of 2  |  |                                      |   |                                      |  |  |  |

Debtor 1 Erik Thomas Document Page 17 of 61 Case Number (if known)

Last Name

Middle Name

First Name

| P    | Addit                      | ional Page   |                                      |   |                                    |
|------|----------------------------|--|--------------------------------------|---|------------------------------------|
|      | -                          | on of the property and line on hat lists this property | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|      |                            |  | Copy the value from Schedule A/B     | Check only one box for each exemption                           |                                    |
|      | Brief<br>description:      | books, CDs, DVDs & Family<br>Photos                    | \$ 300                               | \$  | 735 ILCS 5/12-1001(a) - \$300.00   |
|      | Line from<br>Schedule A/B: | 14   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | Brief<br>description:      | 1st edition Hitchhikers Guide to the Galaxy            | \$_1,500                             | <b>\$</b>   | 735 ILCS 5/12-1001(b) - \$1,500.00 |
|      | Line from<br>Schedule A/B: | 14   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | Brief<br>description:      | Checking Account, Chase Bank, 15.00                    | \$ <u>15</u>                         | <b>\_</b> \$  | 735 ILCS 5/12-1001(b) - \$15.00    |
|      | Line from<br>Schedule A/B: | <u>17</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | Brief<br>description:      | Checking Account, Chase Bank, 188.00                   | \$_188                               | <b>\_</b> \$  | 735 ILCS 5/12-1001(b) - \$188.00   |
|      | Line from<br>Schedule A/B: | <u>17</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | Brief<br>description:      | Illinois Law License                                   | \$ <u>0</u>                          | <b></b> \$  | 735 ILCS 5/12-1001(d) - \$0.00     |
|      | Line from<br>Schedule A/B: | 27   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. 🖊 | Are you claimin            | g a homestead exemption of more                        | than \$155,675?                      |   |                                    |
| (    | Subject to adjus           | stment on 4/01/16 and every 3 years                    | after that for cases filed o         | n or after the date of adjustment .)                            |                                    |
|      | No.                        |  |                                      |   |                                    |
|      | Yes. Did you               | acquire the property covered by the                    | e exemption within 1,215 d           | ays before you filed this case?                                 |                                    |
|      | ☐ No                       |  |                                      |   |                                    |
|      | Yes.                       |  |                                      |   |                                    |
|      |                            |  |                                      |   |                                    |
|      |                            |  |                                      |   |                                    |
|      |                            |  |                                      |   |                                    |
|      |                            |  |                                      |   |                                    |
|      |                            |  |                                      |   |                                    |
|      |                            |  |                                      |   |                                    |
|      |                            |  |                                      |   |                                    |
|      |                            |  |                                      |   |                                    |
|      |                            |  |                                      |   |                                    |
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|      |                            |  |                                      |   |                                    |
|      |                            |  |                                      |   |                                    |
|      |                            |  |                                      |   |                                    |
|      |                            |  |                                      |   |                                    |
|      |                            | 744532   |                                      | ha Dramantir Vari Claim as Evennt                               | Page 2 of 2                        |

| Fill in this in   | nformation to ident  |  | Filad 05/25/17 Enta   | red 05/25/17<br>8 of 61                            | 00.00.21           | Desc Main   |                                   |
|---|--|--|---|--|--------------------|---|-----------------------------------|
| Debtor 1  | Erik   | Thomas   | Scheckelhoff  |  |                    |   |                                   |
|   | First Name   | Middle Name  | Last Name   |  |                    |   |                                   |
| Debtor 2  |  |  |   |  |                    |   |                                   |
| (Spouse, if filing)   | First Name   | Middle Name  | Last Name   |  |                    |   |                                   |
| United States   | s Bankruptcy Court for   | the : <u>NORTHERN</u> District of  | <u>ILLINOIS</u>   |  |                    |   |                                   |
| 0 N I   |  |  | (State)   |  |                    | Check if thi  | s is an                           |
| Case Numbe<br>(If known)  | ·r   |  | _   |  |                    | amended fi  |                                   |
| Be as complete  | e and accurate as p  | oossible. If two married peopl   | ns Secured by Proper<br>e are filing together, both are equa                    | Ily responsible for si                             |                    |   | 12/15                             |
| Be as complete information. If additional page  1. Do any cre  No. Cl       | e and accurate as p<br>more space is need<br>es, write your name<br>editors have claims  | possible. If two married peopleded, copy the Additional Page and case number (if known) secured by your property?  | e are filing together, both are equa<br>e, fill it out, number the entries, and | Illy responsible for sident attach it to this form | n. On the top of a | ny  | 12/13                             |
| Be as complete information. If additional page  1. Do any cre No. Cl        | e and accurate as p<br>more space is need<br>es, write your name<br>editors have claims<br>heck this box and so  | possible. If two married peopleded, copy the Additional Page and case number (if known) a secured by your property?  The work with this form to the court with the court wi | e are filing together, both are equa<br>e, fill it out, number the entries, and | Illy responsible for sident attach it to this form | n. On the top of a | ny  | 12/13                             |
| Be as complete information. If additional page 1. Do any cre No. Cl Yes. Fi | e and accurate as p<br>more space is need<br>es, write your name<br>editors have claims<br>heck this box and su<br>ill in all of the inform<br>List All Secured Cla<br>ecured claims. If a colaim. If more than of | possible. If two married peopleded, copy the Additional Page and case number (if known) a secured by your property?  The secured by your property?  The secured by your property with this form to the court with the secured below.  The secured by your property?   | e are filing together, both are equa<br>e, fill it out, number the entries, and | ally responsible for so did attach it to this form | n. On the top of a | Column A Value of collateral that supports this claim | Column C Unsecured portion If any |

|  | Caco 17 16170   | Doc 1   | Filod 05/25/17   | Entored 05/2!                                    | 5/17 09:05:27   | Desc Main      |                            |
|--|---|---|--|--|---|----------------|----------------------------|
| Fill in this in  | formation to identify your ca   |   |  | 9 of 61  | 5/11 0010011.   | 2000 Main      |                            |
| Debtor 1   | Erik  | Thomas  | Scheckelhoff   |  |   |                |                            |
|  | First Name  | Middle Name   | Last Name  |  |   |                |                            |
| Debtor 2   |   |   |  |  |   |                |                            |
| (Spouse, if filing)  | First Name  | Middle Name   | Last Name  |  |   |                |                            |
| United States  | Bankruptcy Court for the : NOF  | THERN District  | of ILLINOIS  |  |   |                |                            |
| Omitod Otatoo  | Burnitapioy Court for the <u>iver</u>   | <u> District</u>  | (State)  |  |   | □ Chaak i      | f this is an               |
| Case Number<br>(If known)  | ·   |   |  |  |   |                |                            |
|  |   |   |  |  |   | amende         | ea ming                    |
| <u>Official F</u>  | <u>orm 106E/F</u>   |   |  |  |   |                |                            |
| Schedule   | E/F: Creditors Wh   | o Have U  | nsecured Claims  |  |   |                | 12/15                      |
| A/B: Property (<br>creditors with p<br>needed, copy to<br>op of any addi | arty to any executory contrac<br>Official Form 106A/B) and on<br>oartially secured claims that a<br>he Part you need, fill it out, n<br>tional pages, write your name | Schedule G: Ex<br>are listed in Sche<br>umber the entrie<br>e and case numb | ecutory Contracts and Unexecutory Contracts and Unexecutors Who Haves in the boxes on the left. At | xpired Leases (Official<br>e Claims Secured by P | Form 106G). Do not incl<br>Property. If more space is | ude any        |                            |
| 1. Do any cre  | ditors have priority unsecure   | d claims agains   | t you?   |  |   |                |                            |
| _  | o to Part 2.  | _   |  |  |   |                |                            |
| =  | oto i ait 2.  |   |  |  |   |                |                            |
| Yes.   | our priority unsecured claim  | a If a graditar ha  | a more than one priority upon  | soured alaim list the are                        | ditor congretaly for each                             | oloim For      |                            |
| unsecured<br>(For an exp   | amounts. As much as possible claims, fill out the Continuation of each type of claims.  Department of Revenue   | n Page of Part 1.<br>, see the instructi                                    | If more than one creditor hole   | ds a particular claim, list                      |   | •              | Nonpriority amount \$ 0.00 |
| PO Box   |   | Whe   | en was the debt incurred?  | 2016   |   |                |                            |
| Number   | Street  | <del></del>   |  |  |   |                |                            |
|  |   | Aso   | of the date you file, the claim i  | s: Check all that apply.                         |   |                |                            |
|  |   |   | Contingent   |  |   |                |                            |
| Chicago  |   | <b>—</b>  | Unliquidated   |  |   |                |                            |
| Who owes   | s the debt? Check one.  | Code  | Disputed   |  |   |                |                            |
| Debtor   | 1 only  |   |  |  |   |                |                            |
| Debtor   | 2 only  |   | e of PRIORITY unsecured clai   | m:   |   |                |                            |
| =  | 1 and Debtor 2 only   | =   | Domestic support obligations   |  |   |                |                            |
| =  | one of the debtors and another  | •   | Taxes and certain other debts you  | u owe the government                             |   |                |                            |
|  | if this claim relates to a<br>unity debt  | П   | Claims for death or personal injur   | v while you were                                 |   |                |                            |
|  | m subject to offest?  | _   | intoxicated  | y willio you word                                |   |                |                            |
| No   |   |   | Other. Specify   |  |   |                |                            |
| Yes  |   |   |  |  |   |                |                            |
| Part 2:  | List All of Your NONPRIORITY  | Unsecured Claims  | 5  |  |   |                |                            |
| 3. Do any cre  | ditors have nonpriority unse  | cured claims aga  | ainst you?   |  |   |                |                            |
| =  | ou have nothing to report in thi  | s part. Submit th   | is form to the court with your   | other schedules.                                 |   |                |                            |
| Yes.   |   |   | all all and a second   |  | 16  |                |                            |
| nonpriority<br>included in   | our nonpriority unsecured counsecured claim, list the credit Part 1. If more than one credit the Continuation Page of Page 1  | tor separately for<br>tor holds a particu                                   | each claim. For each claim li  | isted, identify what type                        | of claim it is. Do not list of                        | claims already |                            |
| oldillio IIII O  | at and Committed on Flago Of F  | <u>L</u> .  |  |  |   |                | Total claim                |

Record # 744532

| Debtor '    | 1 Erik Thomas  | Recument Page 20 of 61 Case Number (if known)   |                    |
|-------------|--|---|--------------------|
| 4.1         | First Name Middle Name AT T Wireless   | Last 4 digits of account number7605   | <u>\$ 684.00</u>   |
|             | Creditor's Name  10550 Deerwood Park Blvd  | When was the debt incurred? 2017-2017   |                    |
|             | Number Street  | As of the date you file, the claim is: Check all that apply.  Contingent  |                    |
|             | Jacksonville FL 32256  | Unliquidated  |                    |
| V F         | City State Zip Code  Who owes the debt? Check one.  Debtor 1 only                        | Disputed  |                    |
|             | Debtor 2 only  Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce |                    |
|             | At least one of the debtors and another  Check if this claim relates to a community debt | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts     |                    |
| ]:<br> <br> | s the claim subject to offest?  No   | Other. Specify Collecting for Creditor  |                    |
| 4.2         | Yes BK OF AMER   | Last 4 digits of account number NULL  | \$ <u>5,272.00</u> |
|             | Creditor's Name Po Box 982238  | When was the debt incurred? 2001-2016   |                    |
|             | Number Street  | As of the date you file, the claim is: Check all that apply.  |                    |
|             | El Paso TX 79998   | Contingent Unliquidated   |                    |
| V           | City State Zip Code  Who owes the debt? Check one.  Debtor 1 only                        | Disputed  |                    |
|             | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |                    |
| [           | Debtor 1 and Debtor 2 only   | Student loans   |                    |
|             | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce  |                    |
| [           | Check if this claim relates to a   | that you did not report as priority claims  |                    |
|             | community debt s the claim subject to offest?  | Debts to pension or profit-sharing plans, and other similar debts   |                    |
|             | No Yes   | Other. Specify Credit Card or Credit Use  |                    |
| 4.3         | CAP1/Bstby   | Last 4 digits of account numberNULL   | \$ <u>0.00</u>     |
|             | Creditor's Name  26525 N Riverwoods Blvd  Number Street                                  | When was the debt incurred? 2010-2013   |                    |
|             |  | As of the date you file, the claim is: Check all that apply.  |                    |
|             | Mettawa IL 60045   | Contingent  |                    |
|             | City State Zip Code  | ☐ Unliquidated ☐ Disputed   |                    |
| ľ           | Who owes the debt? Check one.  Debtor 1 only   |   |                    |
|             | Debtor 1 only  Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                    |
|             | Debtor 1 and Debtor 2 only   | Student loans   |                    |
|             | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce  |                    |
|             | Check if this claim relates to a   | that you did not report as priority claims  |                    |
| '           | community debt   | Debts to pension or profit-sharing plans, and other similar debts   |                    |
|             | s the claim subject to offest?  No   | Other. Specify Credit Card or Credit Use  |                    |
|             | Yes  |   |                    |

|  |            | Case 17-16170 | Doc 1 | Filed 05/25/17 | Entered 05/25/17 09:05:              | 27 Desc Main |  |
|--|------------|---------------|-------|----------------|--------------------------------------|--------------|--|
| Debtor 1   | Erik       | Thomas        |       | <u> </u>       | Page 21 of 61 Case Number (if known) |              |  |
|  | First Name | Middle Name   |       | Last Name      |                                      |              |  |
| Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page  |            |               |       |                |                                      |              |  |
| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. |            |               |       |                |                                      |              |  |

| ### Last 4 digits of account number   NULL   \$ 0.00   | After I | isting any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
|--|---------|---|---|--------------------|
| As of the date your file, the claim lat: Check all that appy.   Configered   | 4.4     | CAP1/Carsn                                      | Last 4 digits of account number NULL                              | <b>\$</b> _0.00    |
| Nettown   L   60045   Configure   Config   |         |   | 2040 2042   |                    |
| Mettawas    Mettawas   L   60045   Confingent   Confineent   Confineen |         |   | When was the debt incurred?                                       |                    |
| Motitawa II. 60045 Cry State 70; Code Who owes the debt? Check one.    Debtor of only  |         | Number Street                                   |   |                    |
| Mettawa II. 60045 City Statist 7p Cosc one.    Debetor 2 only  |         |   | As of the date you file, the claim is: Check all that apply.      |                    |
| City   |         | Mettoure II 6004F                               | Contingent  |                    |
| Debtor   and Debtor 2 cnly   |         |   | Unliquidated  |                    |
| Dubtor 1 and Dubtor 2 only   | ,       |   | Disputed  |                    |
| Check if this claim relates to a community debt is the claim subject to offest?   States to Name   Context Name   Check if this claim relates to a community debt   Context Name   Conte   |         | Debtor 1 only                                   |   |                    |
| Al least one of the debtors and another   Chicket if this claim relates to a community debt is the claim subject to offest?   No   |         | Debtor 2 only                                   | Type of NONPRIORITY unsecured claim:                              |                    |
| Check if this claim relates to a community debt she claim subject to offest?   Debts to pension or profile-sharing plans, and other similar debts  |         | Debtor 1 and Debtor 2 only                      | Student loans   |                    |
| Community debt   Debts to pension or profit-sharing plans, and other similar debts   |         | At least one of the debtors and another         | Obligations arising out of a separation agreement or divorce      |                    |
| Is the claim subject to offset?    No  |         | Check if this claim relates to a                | that you did not report as priority claims                        |                    |
| No   |         |   | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Vest   Last 4 digits of account number   NULL   \$5,494.00   |         | -   |   |                    |
| 4.5 CBNA Cention's Name Showthwest Point Road Number Street    Contingent   Conting |         | =   | Other. Specify Credit Card or Credit Use                          |                    |
| Ceditor's Name  Street    Street   Solution   Street   Solution    | 15      |   | Last 4 digits of account number NULL                              | <b>\$</b> 5,494.00 |
| Number Street  As of the date you file, the claim is: Check all that apply.  City State Zip Code  Disputed  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Chase CARD  Chase CARD  Chase CARD  Chase CARD  Chase CARD  Number Street  As of the date you file, the claim is: Check all that apply.  City State Zip Code  Disputed  Disputed  Disputed  Disputed  Disputed  Disputed  Disputed  Disputed  Disputed  As of the date you file, the claim is: Check all that apply.  Community debt is the claim relates to a community debt is the claim subject to offest?  Who owes the debt? Check one.  Debts to pension or profit-sharing plans, and other similar debts  As of the date you file, the claim is: Check all that apply.  Community debt is the claim subject to offest?  Type of NONPRIORITY unsecured claim:  Debts to pension or profit-sharing plans, and other similar debts  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  Disputed | 4.5     | Creditor's Name                                 | <del></del>   |                    |
| As of the date you file, the claim is: Check all that apply.    Contingent   |         | 50 Northwest Point Road                         | When was the debt incurred? 2010-2016                             |                    |
| Elk Grove Village IL 60007  City State Zip Code Who owes the debt? Check one.    Debtor 1 only   |         | Number Street                                   |   |                    |
| Elik Grove Village IL 60007 City State Zp Code Who owes the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  Wilmington Debtor 2 only State Zp Code Who owes the debt? Check one.  Debtor 2 only State Zp Code Who owes the debt? Check one.  Debtor 2 only At least one of the debtors and another Unliquidated Disputed  Debtor 2 only Debtor 2 only At least one of the debtors and another Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Other. Specify Credit Card or Credit Use  Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Obligations arising out of a separation agreement or divorce  |         |   | As of the date you file, the claim is: Check all that apply.      |                    |
| City State Zip Code Who owes the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community dobt Is the claim subject to offest?  No Other. Specify Credit Card or Credit Use  Who was the debt? Check one.  Debtor 1 and Debtor 2 only Ves  Last 4 digits of account number NULL S1,156.00  Who was the debt? Check one.  Who was the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Unfliquidated Disputed  Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only At least one of the debtors and another Debtor 1 only At least one of the debtors and another Check if this claim relates to a community dobt State Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community dobt Cother. Specify Credit Card or Credit Use  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Credit Card or Credit Use   |         |   | Contingent  |                    |
| City Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt ls the claim subject to offest?  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Check if this claim and the community debt ls the claim subject to offest?  Who was the debt? Check one.  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts  Last 4 digits of account number NULL \$1,156.00  When was the debt incurred?  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Street  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debto 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Student loans City Credit Card or Credit Use  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts   |         | Elk Grove Village IL 60007                      | Unliquidated  |                    |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Creditor's Name Po Box 15298 Number Street  Wilmington DE 19850 City State Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only State Zip Code Who owes the debt? Check one. Debts to pension or profit-sharing plans, and other similar debts  **Street**  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  **Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts  **Street**  **As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  **Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  No Other. Specify Credit Card or Credit Use  **Type of NONPRIORITY unsecured claim: Debtor 1 only Check if this claim relates to a community debt State and the debtor application arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  |         |   |   |                    |
| Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Student toans   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 only   Debtor 4 and Debtor 3 only   Student toans   Debts to pension or profit-sharing plans, and other similar debts   Student toans   Debts to pension or profit-sharing plans, and other similar debts   Student toans   Debts to pension or profit-sharing plans, and other similar debts   Student toans   Debts to pension or profit-sharing plans, and other similar debts   Student toans   Debts to pension or profit-sharing plans, and other similar debts   Student toans   Debts to pension or profit-sharing plans, and other similar debts   Student toans   Street   Student toans   Street   Student toans     |         |   |   |                    |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  No Creditor's Name Po Box 15298 Number Street  Wilmington DE 19850 City Who owes the debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  In Other. Specify Credit Card or Credit Use  Who was the debt incurred? 1994-2017  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 3 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 4 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 5 only Other. Specify Credit Card or Credit Use  |         | <b>=</b>  | Type of NONPRIORITY unsecured claim:                              |                    |
| At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offest?  No  Other. Specify Credit Card or Credit Use  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  Creditor's Name Po Box 15298 Number Street  Wilmington DE 19850 City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  No  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  \$ 1,156.00  When was the debt incurred? 1994-2017  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Is the claim subject to offest?  Other. Specify Credit Card or Credit Use  |         | = '   |   |                    |
| Check if this claim relates to a community debt   Is the claim subject to offest?  |         | <b>=</b>  |   |                    |
| community debt is the claim subject to offest?  No Other. Specify Credit Card or Credit Use  |         |   | <del></del>   |                    |
| Other. Specify   |         |   |   |                    |
| As of the date you file, the claim is: Check all that apply.  Wilmington  DE 19850 City Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt is the claim subject to offest? No  Other. Specify  Last 4 digits of account number NULL \$1,156.00  When was the debt incurred? 1994-2017  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use   |         | ls the claim subject to offest?                 | <del>-</del>  |                    |
| Chase CARD   |         | No  | Other. Specify Credit Card or Credit Use                          |                    |
| Creditor's Name Po Box 15298  Number Street   As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  No  Creditor's Name Po Box 15298  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts  Type of None Credit Use   |         |   | NI II I   | • 1 1FC 00         |
| Po Box 15298  Number Street   As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  No  When was the debt incurred?  1994-2017  As of the date you file, the claim is: Check all that apply. Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  | 4.6     |   | Last 4 digits of account number NOLL                              | \$ <u>1,156.00</u> |
| Wilmington  DE 19850 City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  No  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  |         |   | When was the debt incurred? 1994-2017                             |                    |
| Wilmington  DE 19850 City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  No  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  |         |   | <del></del>   |                    |
| Wilmington  DE 19850 City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  No  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use   |         |   | As of the date you file the claim is: Check all that each         |                    |
| Wilmington  DE 19850 City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  No  Wilmington DE 19850 Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Credit Card or Credit Use   |         |   |   |                    |
| City Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No  City State Zip Code Disputed  Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Credit Card or Credit Use  |         | Wilmington DE 19850                             |   |                    |
| Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims community debt Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Is the claim subject to offest? No Other. Specify Credit Card or Credit Use   |         |   |   |                    |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest? No  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  |         | _   | <b>□</b> Бізриїси   |                    |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offest?  No  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Credit Card or Credit Use  |         |   |   |                    |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offest?  No  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Credit Card or Credit Use   |         | =   |   |                    |
| Check if this claim relates to a that you did not report as priority claims community debt Debts to pension or profit-sharing plans, and other similar debts  Is the claim subject to offest?  No Other. Specify Credit Card or Credit Use   |         |   |   |                    |
| community debt  Is the claim subject to offest?  No  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Credit Card or Credit Use  |         |   | <del>_</del>  |                    |
| Is the claim subject to offest?  No Other. Specify Credit Card or Credit Use   |         | _   |   |                    |
| No Other. Specify Credit Card or Credit Use  |         |   | La pension of profit-straining plans, and other stitling debts    |                    |
| Yes  |         |   | Other, Specify Credit Card or Credit Use                          |                    |
|  |         | Yes   |   |                    |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 22 of 61 Case Number (if known) **Dacument** Debtor 1 Erik Thomas Your NONPRIORITY Unsecured Claims - Continuation Page

| After I | isting any entries on this page, number them be    | eginning with 4.4, followed by 4.5, ar                                       | nd so forth.                   | Total Claim        |
|---------|--|--|--------------------------------|--------------------|
| 4.7     | Citibank N.A.                                      | Last 4 digits of account number _  | 5616                           | <b>\$</b> 8,768.00 |
|         | Creditor's Name 2365 Northside Dr Ste 30           | When was the debt incurred?  | 2016-2016                      |                    |
|         | Number Street                                      | Then was the aest meaner?  |                                |                    |
|         | Number Street                                      |  |                                |                    |
|         |  | As of the date you file, the claim is:                                       | : Check all that apply.        |                    |
|         | San Diego CA 92108                                 | Contingent   |                                |                    |
|         | City State Zip Code                                | Unliquidated   |                                |                    |
| ,       | Who owes the debt? Check one.                      | Disputed   |                                |                    |
|         | Debtor 1 only                                      |  |                                |                    |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured  | claim:                         |                    |
|         | Debtor 1 and Debtor 2 only                         | Student loans  |                                |                    |
|         | At least one of the debtors and another            | Obligations arising out of a separat   | ion agreement or divorce       |                    |
|         | Check if this claim relates to a                   | that you did not report as priority cla                                      |                                |                    |
| '       | community debt                                     | Debts to pension or profit-sharing p   |                                |                    |
| !       | s the claim subject to offest?                     | _ , , ,  |                                |                    |
|         | No   | Other. Specify Unknown Cred  | it Extension                   |                    |
|         | Yes  |  |                                |                    |
| 4.8     | COMENITY BANK/Carsons                              | Last 4 digits of account number _  | NULL                           | \$ <u>0.00</u>     |
|         | Creditor's Name                                    |  | 2010-2016                      |                    |
|         | 3100 Easton Square PI                              | When was the debt incurred?  | 2010-2010                      |                    |
|         | Number Street                                      |  |                                |                    |
|         |  | As of the date you file, the claim is  | : Check all that apply.        |                    |
|         |  | Contingent   |                                |                    |
|         | Columbus OH 43219                                  | Unliquidated   |                                |                    |
| Ι,      | City State Zip Code  Who owes the debt? Check one. | Disputed   |                                |                    |
|         | Debtor 1 only                                      |  |                                |                    |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured  | olaim:                         |                    |
|         |  | Student loans  | Ciaiii.                        |                    |
|         | Debtor 1 and Debtor 2 only                         | =  | ion agreement or diverse       |                    |
|         | At least one of the debtors and another            | Obligations arising out of a separat that you did not report as priority cla | -                              |                    |
|         | Check if this claim relates to a community debt    | Debts to pension or profit-sharing p   |                                |                    |
|         | Is the claim subject to offest?                    | Debts to pension of profit-straining p                                       | nans, and other similar debts  |                    |
|         | No   | Other. Specify Credit Card or  | Credit Use                     |                    |
|         | Yes  | Other. Specify Create Card of  | <u> </u>                       |                    |
| 4.9     | DEPT OF EDUCATION/NELN                             | Last 4 digits of account number  | 9586                           | <b>\$</b> 6,946.00 |
|         | Creditor's Name                                    | -  |                                |                    |
|         | 121 S 13Th St                                      | When was the debt incurred?  | 2012-2017                      |                    |
|         | Number Street                                      |  |                                |                    |
|         |  | As of the date you file, the claim is:                                       | : Check all that apply.        |                    |
|         |  | Contingent   |                                |                    |
|         | Lincoln NE 68508                                   | Unliquidated   |                                |                    |
| Ι.      | City State Zip Code                                | Disputed   |                                |                    |
|         | Who owes the debt? Check one.                      | <u> Прорагоа</u>   |                                |                    |
|         | Debtor 1 only                                      |  |                                |                    |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured  | claim:                         |                    |
|         | Debtor 1 and Debtor 2 only                         | Student loans  |                                |                    |
|         | At least one of the debtors and another            | Obligations arising out of a separat   |                                |                    |
|         | Check if this claim relates to a                   | that you did not report as priority cla                                      |                                |                    |
| [ .     | community debt                                     | Debts to pension or profit-sharing p   | olans, and other similar debts |                    |
|         | s the claim subject to offest?                     |  |                                |                    |
|         | Yes  | Other. Specify   |                                |                    |
|         | 1100   |  |                                |                    |

Debtor 1 Erik Thomas Document Page 23 of 61 Case Number (if known)

Your NONPRIORITY Unsecured Claims - Continuation Page

| After lis | sting any entries on this page, number them b      | peginning with 4.4, followed by 4.5, ar        | nd so forth.                  | Total Claim           |
|-----------|--|--|-------------------------------|-----------------------|
| 4.10      | DEPT OF EDUCATION/NELN                             | Last 4 digits of account number                | 2986                          | \$ <u>9,071.00</u>    |
|           | Creditor's Name<br>121 S 13Th St                   | When was the debt incurred?                    | 2011-2017                     |                       |
|           | Number Street                                      | mon was the asst mountain.                     |                               |                       |
|           | - Caron  |  |                               |                       |
|           |  | As of the date you file, the claim is:         | Check all that apply.         |                       |
|           | Lincoln NE 68508                                   | Contingent                                     |                               |                       |
|           | City State Zip Code                                | Unliquidated                                   |                               |                       |
| <u> </u>  | /ho owes the debt? Check one.                      | Disputed                                       |                               |                       |
|           | Debtor 1 only                                      |  |                               |                       |
|           | Debtor 2 only                                      | Type of NONPRIORITY unsecured of               | claim:                        |                       |
|           | Debtor 1 and Debtor 2 only                         | Student loans                                  |                               |                       |
| [         | At least one of the debtors and another            | Obligations arising out of a separati          | on agreement or divorce       |                       |
|           | Check if this claim relates to a                   | that you did not report as priority cla        | aims                          |                       |
| ١.        | community debt                                     | Debts to pension or profit-sharing p           | lans, and other similar debts |                       |
| IS        | the claim subject to offest?                       | _  |                               |                       |
|           | No   | Other. Specify                                 |                               |                       |
| 4 11      | Yes DEPT OF EDUCATION/NELN                         | Last 4 digits of account number                | 3179                          | <b>\$</b> 16,446.00   |
| 4.11      | Creditor's Name                                    | Last 4 digits of account number                | <del></del>                   | <u> </u>              |
|           | 121 S 13Th St                                      | When was the debt incurred?                    | 2013-2017                     |                       |
|           | Number Street                                      |  |                               |                       |
|           |  | As of the date you file, the claim is:         | Check all that apply          |                       |
|           |  | Contingent                                     | Check all that apply.         |                       |
|           | Lincoln NE 68508                                   | Unliquidated                                   |                               |                       |
|           | City State Zip Code                                | Disputed                                       |                               |                       |
| <u> </u>  | /ho owes the debt? Check one.                      | Disputed                                       |                               |                       |
|           | Debtor 1 only                                      |  |                               |                       |
| <u> </u>  | Debtor 2 only                                      | Type of NONPRIORITY unsecured of               | claim:                        |                       |
| <u> </u>  | Debtor 1 and Debtor 2 only                         | Student loans                                  |                               |                       |
|           | At least one of the debtors and another            | Obligations arising out of a separati          |                               |                       |
| L         | Check if this claim relates to a                   | that you did not report as priority cla        |                               |                       |
| le        | community debt<br>the claim subject to offest?     | Debts to pension or profit-sharing p           | lans, and other similar debts |                       |
|           | No   | Пон о т  |                               |                       |
| lī        | Yes  | Other. Specify                                 |                               |                       |
| 4.12      | DEPT OF EDUCATION/NELN                             | Last 4 digits of account number                | 3086                          | <b>\$</b> _16,916.00_ |
|           | Creditor's Name                                    | _  | <del></del>                   |                       |
|           | 121 S 13Th St                                      | When was the debt incurred?                    | 2011-2017                     |                       |
|           | Number Street                                      |  |                               |                       |
|           |  | As of the date you file, the claim is:         | Check all that apply.         |                       |
|           |  | Contingent                                     |                               |                       |
|           | Lincoln NE 68508                                   | Unliquidated                                   |                               |                       |
| ١,        | City State Zip Code  Tho owes the debt? Check one. | Disputed                                       |                               |                       |
| "i        |  |  |                               |                       |
|           | Debtor 1 only Debtor 2 only                        | Turns of NONDRIORITY                           | alaim.                        |                       |
|           | Debtor 1 and Debtor 2 only                         | Type of NONPRIORITY unsecured of Student loans | , iαιιι.                      |                       |
|           | <b>-</b>   | Obligations arising out of a separati          | on agreement or divorce       |                       |
|           | At least one of the debtors and another            | that you did not report as priority cla        |                               |                       |
|           | Check if this claim relates to a community debt    | Debts to pension or profit-sharing p           |                               |                       |
| Is        | the claim subject to offest?                       | Bosto to polition of profit-straining p        | and, and onto outline doors   |                       |
|           | No   | Other. Specify                                 |                               |                       |
| ΙĒ        | Vac  |  |                               |                       |

Page 24 of 61 **Document** Debtor 1 Erik Thomas

Your NONPRIORITY Unsecured Claims - Continuation Page

| After lis | sting any entries on this page, number them be     | eginning with 4.4, followed by 4.5, and   | d so forth.                  | Total Claim         |
|-----------|--|---|------------------------------|---------------------|
| 4.13      | DEPT OF EDUCATION/NELN                             | Last 4 digits of account number   | 8679                         | \$ <u>24,550.00</u> |
|           | Creditor's Name                                    |   | 2042-2047                    |                     |
|           | 121 S 13Th St                                      | When was the debt incurred?   | 2013-2017                    |                     |
|           | Number Street                                      |   |                              |                     |
|           |  | As of the date you file, the claim is:  | Check all that apply.        |                     |
|           |  | Contingent  |                              |                     |
|           | Lincoln NE 68508                                   | Unliquidated  |                              |                     |
| w         | City State Zip Code  /ho owes the debt? Check one. | Disputed  |                              |                     |
| Ï         | Debtor 1 only                                      |   |                              |                     |
| 1 7       | Debtor 2 only                                      | Type of NONPRIORITY unsecured cl  | laim.                        |                     |
|           | Debtor 1 and Debtor 2 only                         | Student loans   | aiii.                        |                     |
|           | At least one of the debtors and another            | Obligations arising out of a separatio  | n agreement or divorce       |                     |
|           |  | that you did not report as priority clair   | -                            |                     |
| 4         | Check if this claim relates to a community debt    | Debts to pension or profit-sharing pla  |                              |                     |
| Is        | the claim subject to offest?                       | Debts to pension of profit-sharing pie  | and other similar debte      |                     |
|           | No   | Other. Specify  |                              |                     |
|           | Yes  |   |                              |                     |
| 4.14      | DEPT OF EDUCATION/NELN                             | Last 4 digits of account number   | 8786                         | <b>\$</b> 27,276.00 |
|           | Creditor's Name                                    |   | 2042 2047                    |                     |
|           | 121 S 13Th St                                      | When was the debt incurred?   | 2012-2017                    |                     |
|           | Number Street                                      |   |                              |                     |
|           |  | As of the date you file, the claim is:  | Check all that apply.        |                     |
|           |  | Contingent  |                              |                     |
|           | Lincoln NE 68508                                   | Unliquidated  |                              |                     |
| w         | City State Zip Code /ho owes the debt? Check one.  | Disputed  |                              |                     |
| Ï         | Debtor 1 only                                      |   |                              |                     |
| 7         | Debtor 2 only                                      | Type of NONPRIORITY unsecured cl  | laim.                        |                     |
|           | Debtor 1 and Debtor 2 only                         | Student loans   | aiii.                        |                     |
| H         | At least one of the debtors and another            | Obligations arising out of a separatio  | n agreement or divorce       |                     |
|           |  | that you did not report as priority clair   |                              |                     |
| 4         | Check if this claim relates to a community debt    | Debts to pension or profit-sharing pla  |                              |                     |
| Is        | the claim subject to offest?                       | Debts to pension of profit-sharing pie  | and other similar debte      |                     |
|           | No   | Other. Specify  |                              |                     |
|           | Yes  |   |                              |                     |
| 4.15      | DEPT OF EDUCATION/NELN                             | Last 4 digits of account number   | 8779                         | <b>\$</b> 47,888.00 |
|           | Creditor's Name                                    |   | 0040 0047                    |                     |
|           | 121 S 13Th St                                      | When was the debt incurred?   | 2013-2017                    |                     |
|           | Number Street                                      |   |                              |                     |
|           |  | As of the date you file, the claim is:  | Check all that apply.        |                     |
|           |  | Contingent  |                              |                     |
|           | Lincoln NE 68508                                   | Unliquidated  |                              |                     |
| , w       | City State Zip Code /ho owes the debt? Check one.  | Disputed  |                              |                     |
| "         | Debtor 1 only                                      | <b>-</b>  |                              |                     |
|           | Debtor 2 only                                      | Type of NONDBIODITY   | laim:                        |                     |
|           | <b>=</b>   | Type of NONPRIORITY unsecured cl Student loans                                    | ann.                         |                     |
|           | Debtor 1 and Debtor 2 only                         | Obligations arising out of a separatio  | on agreement or diverse      |                     |
| <u> </u>  | At least one of the debtors and another            |   | -                            |                     |
| L         | Check if this claim relates to a community debt    | that you did not report as priority clain  Debts to pension or profit-sharing pla |                              |                     |
| ls        | the claim subject to offest?                       | L Debts to pension or profit-snaring pla  | ans, and other similar debts |                     |
|           | No   | Other. Specify  |                              |                     |
|           | Yes  | LI Other. Specify   |                              |                     |

Case 17-16170 Doc 1 Filed 05/25/17 Entered 05/25/17 09:05:27 Desc Main Page 25 of 61 Case Number (if known) **Dacument** Debtor 1 Erik Thomas Your NONPRIORITY Unsecured Claims - Continuation Page

| After li | sting any entries on this page, number them be     | eginning with 4.4, followed by 4.5, a   | nd so forth.                   | Total Claim         |
|----------|--|---|--------------------------------|---------------------|
| 4.16     | DEPT OF EDUCATION/NELN                             | Last 4 digits of account number _       | 8886                           | \$ <u>59,953.00</u> |
|          | Creditor's Name                                    | Miles a supporting dalah ing summad 2   | 2012-2017                      |                     |
|          | 121 S 13Th St                                      | When was the debt incurred?             |                                |                     |
|          | Number Street                                      |   |                                |                     |
|          |  | As of the date you file, the claim is   | : Check all that apply.        |                     |
|          | Lincoln NE 69509                                   | Contingent                              |                                |                     |
|          | Lincoln NE 68508                                   | Unliquidated                            |                                |                     |
| v        | City State Zip Code  Vho owes the debt? Check one. | Disputed                                |                                |                     |
|          | Debtor 1 only                                      |   |                                |                     |
| Ī        | Debtor 2 only                                      | Type of NONPRIORITY unsecured           | claim:                         |                     |
| li       | Debtor 1 and Debtor 2 only                         | Student loans                           |                                |                     |
| ĺ        | At least one of the debtors and another            | Obligations arising out of a separat    | ion agreement or divorce       |                     |
| 1        | Check if this claim relates to a                   | that you did not report as priority cl  | aims                           |                     |
| '        | community debt                                     | Debts to pension or profit-sharing p    | plans, and other similar debts |                     |
| <u> </u> | s the claim subject to offest?                     |   |                                |                     |
|          | No   | Other. Specify                          |                                |                     |
|          | Yes  |   |                                |                     |
| 4.17     | DEPT OF EDUCATION/NELN                             | Last 4 digits of account number _       | 8086                           | <u>\$_62,065.00</u> |
|          | Creditor's Name                                    |   | 2011-2017                      |                     |
|          | 121 S 13Th St                                      | When was the debt incurred?             |                                |                     |
|          | Number Street                                      |   |                                |                     |
|          |  | As of the date you file, the claim is   | : Check all that apply.        |                     |
|          |  | Contingent                              |                                |                     |
|          | Lincoln NE 68508                                   | Unliquidated                            |                                |                     |
| v        | City State Zip Code  Who owes the debt? Check one. | Disputed                                |                                |                     |
| l i      | Debtor 1 only                                      | _                                       |                                |                     |
| 1 7      | Debtor 2 only                                      | Type of NONPRIORITY unsecured           | olaim:                         |                     |
| 1        | Debtor 1 and Debtor 2 only                         | Student loans                           | Ciaiiii.                       |                     |
|          | At least one of the debtors and another            | Obligations arising out of a separat    | ion agreement or divorce       |                     |
|          |  | that you did not report as priority cla |                                |                     |
| "        | Check if this claim relates to a community debt    | Debts to pension or profit-sharing p    |                                |                     |
| l:       | s the claim subject to offest?                     | bebts to pension of profit-sharing p    | nais, and other similar debts  |                     |
|          | No   | Other. Specify                          |                                |                     |
| [        | Yes  | Other: opening                          | <del></del>                    |                     |
| 4.18     | Kohls/Capone                                       | Last 4 digits of account number _       | NULL                           | \$ <u>3,561.00</u>  |
|          | Creditor's Name                                    |   |                                |                     |
|          | N56 W 17000 Ridgewood Dr                           | When was the debt incurred?             | 2008-2016                      |                     |
|          | Number Street                                      |   |                                |                     |
|          |  | As of the date you file, the claim is   | : Check all that apply.        |                     |
|          |  | Contingent                              | ,                              |                     |
|          | Menomonee Falls WI 53051                           | Unliquidated                            |                                |                     |
|          | City State Zip Code                                | Disputed                                |                                |                     |
| l v      | Vho owes the debt? Check one.                      |   |                                |                     |
|          | Debtor 1 only                                      |   |                                |                     |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured           | claim:                         |                     |
| <u> </u> | Debtor 1 and Debtor 2 only                         | Student loans                           |                                |                     |
| <u> </u> | At least one of the debtors and another            | Obligations arising out of a separat    | _                              |                     |
| [        | Check if this claim relates to a                   | that you did not report as priority cla |                                |                     |
| .        | community debt                                     | Debts to pension or profit-sharing p    | plans, and other similar debts |                     |
| "        | s the claim subject to offest?                     | 0                                       | Cradit Has                     |                     |
|          |  | Other. Specify Credit Card or           | Credit Ose                     |                     |
|          | Yes  |   |                                |                     |

Page 26 of 61 Case Number (if known) **Dacument** Debtor 1 Erik Thomas

| Part 2# Your NONPRIORITY Unsecured Claims           | - Continuation Page                      |                                |                  |
|---|--|--------------------------------|------------------|
| After listing any entries on this page, number then | n beginning with 4.4, followed by 4.5, a | and so forth.                  | Total Claim      |
| 4.19 MBB  | Last 4 digits of account number _        | 2005                           | <b>\$</b> _69.00 |
| Creditor's Name                                     |  | 2015-2017                      |                  |
| 1460 Renaissance Dr                                 | When was the debt incurred?              | 2013-2017                      |                  |
| Number Street                                       |  |                                |                  |
|   | As of the date you file, the claim is    | s: Check all that apply.       |                  |
| Park Ridge IL 60068                                 | Contingent                               |                                |                  |
| City State Zip Code                                 | Unliquidated                             |                                |                  |
| Who owes the debt? Check one.                       | Disputed                                 |                                |                  |
| Debtor 1 only                                       |  |                                |                  |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured            | d claim:                       |                  |
| Debtor 1 and Debtor 2 only                          | Student loans                            |                                |                  |
| At least one of the debtors and another             | Obligations arising out of a separa      |                                |                  |
| Check if this claim relates to a                    | that you did not report as priority o    |                                |                  |
| community debt Is the claim subject to offest?      | Debts to pension or profit-sharing       | plans, and other similar debts |                  |
| No  | Other, Specify Medical Debt              |                                |                  |
| Yes   | Other. Specify Medical Debt              |                                |                  |
| 4.20 MBB  | Last 4 digits of account number _        | 9025                           | \$ <u>101.00</u> |
| Creditor's Name                                     |  | 2013-2013                      |                  |
| 1460 Renaissance Dr                                 | When was the debt incurred?              | 2013-2013                      |                  |
| Number Street                                       |  |                                |                  |
|   | As of the date you file, the claim is    | s: Check all that apply.       |                  |
| Park Ridge IL 60068                                 | Contingent                               |                                |                  |
| City State Zip Code                                 | Unliquidated                             |                                |                  |
| Who owes the debt? Check one.                       | Disputed                                 |                                |                  |
| Debtor 1 only                                       |  |                                |                  |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured            | d claim:                       |                  |
| Debtor 1 and Debtor 2 only                          | Student loans                            |                                |                  |
| At least one of the debtors and another             | Obligations arising out of a separa      | ation agreement or divorce     |                  |
| Check if this claim relates to a                    | that you did not report as priority o    |                                |                  |
| community debt Is the claim subject to offest?      | Debts to pension or profit-sharing       | plans, and other similar debts |                  |
| No  | Other Specify Medical Debt               |                                |                  |
| Yes   | Other. Specify Medical Debt              |                                |                  |
| 4.21 Merchants Credit Guide                         | Last 4 digits of account number _        | 1571                           | \$ <u>134.00</u> |
| Creditor's Name                                     |  | 2014 2014                      |                  |
| 223 W Jackson Blvd Ste 4                            | When was the debt incurred?              | 2014-2014                      |                  |
| Number Street                                       |  |                                |                  |
|   | As of the date you file, the claim is    | s: Check all that apply.       |                  |
| Chicago IL 60606                                    | Contingent                               |                                |                  |
| City State Zip Code                                 | Unliquidated                             |                                |                  |
| Who owes the debt? Check one.                       | Disputed                                 |                                |                  |
| Debtor 1 only                                       |  |                                |                  |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured            | d claim:                       |                  |
| Debtor 1 and Debtor 2 only                          | Student loans                            |                                |                  |
| At least one of the debtors and another             | Obligations arising out of a separa      |                                |                  |
| Check if this claim relates to a                    | that you did not report as priority o    |                                |                  |
| community debt Is the claim subject to offest?      | Debts to pension or profit-sharing       | pians, and other similar debts |                  |
| No  | Other. SpecifyMedical Debt               |                                |                  |
| Yes   | Outer, Specify                           |                                |                  |

Page 27 of 61 **Dacument** Erik Thomas Debtor 1

| Pε    | Your NONPRIORITY Unsecured Claims -               | Continuation Page   |                    |
|-------|---|---|--------------------|
| After | listing any entries on this page, number them I   | peginning with 4.4, followed by 4.5, and so forth.  | Total Claim        |
| 4.22  | Midland Funding, LLC                              | Last 4 digits of account number   | <b>\$</b> 8,767.83 |
|       | Creditor's Name                                   | When you the debt become 10   |                    |
|       | 8875 Aero Drive, # 200                            | When was the debt incurred?   |                    |
|       | Number Street                                     |   |                    |
|       |   | As of the date you file, the claim is: Check all that apply.  |                    |
|       | San Diego CA 92123                                | Contingent  |                    |
|       | City State Zip Code                               | Unliquidated  |                    |
|       | Who owes the debt? Check one.                     | Disputed  |                    |
|       | Debtor 1 only                                     |   |                    |
|       | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:  |                    |
|       | Debtor 1 and Debtor 2 only                        | Student loans   |                    |
|       | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce  |                    |
|       | Check if this claim relates to a                  | that you did not report as priority claims  |                    |
|       | community debt                                    | Debts to pension or profit-sharing plans, and other similar debts   |                    |
|       | Is the claim subject to offest?                   |   |                    |
|       | No Yes  | Other. SpecifyCredit Card or Credit Use   |                    |
| 4.23  | Midweet Imaging Professionals                     | Last 4 digits of account number 7126  | \$ 0.00            |
| 4.20  | Creditor's Name                                   |   | •                  |
|       | PO box 371863                                     | When was the debt incurred?   |                    |
|       | Number Street                                     |   |                    |
|       |   | As of the date you file, the claim is: Check all that apply.  |                    |
|       |   | Contingent  |                    |
|       | Pittsburgh PA 15250                               | Unliquidated  |                    |
|       | City State Zip Code Who owes the debt? Check one. | Disputed  |                    |
|       | Debtor 1 only                                     |   |                    |
|       | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:  |                    |
|       | Debtor 1 and Debtor 2 only                        | Student loans   |                    |
|       | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce  |                    |
|       | Check if this claim relates to a                  | that you did not report as priority claims  |                    |
|       | community debt                                    | Debts to pension or profit-sharing plans, and other similar debts   |                    |
|       | Is the claim subject to offest?                   |   |                    |
|       | No  | Other. Specify  |                    |
|       | Yes Nationwide Credit Inc                         |   | <b>471.00</b>      |
| 4.24  |   | Last 4 digits of account number   | <u>\$ 171.00</u>   |
|       | Creditor's Name PO Box 26314                      | When was the debt incurred?   |                    |
|       | Number Street                                     |   |                    |
|       |   | As of the date year file the claim in Check all that apply  |                    |
|       | <del></del>                                       | As of the date you file, the claim is: Check all that apply.  |                    |
|       | Lehigh Valley PA 18002                            | ☐ Contingent ☐ Unliquidated   |                    |
|       | City State Zip Code                               |   |                    |
|       | Who owes the debt? Check one.                     | Disputed  |                    |
|       | Debtor 1 only                                     |   |                    |
|       | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:  |                    |
|       | Debtor 1 and Debtor 2 only                        | ☐ Student loans   |                    |
|       | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce  |                    |
|       | Check if this claim relates to a community debt   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?                   | Debte to pension or profit-straining plants, and other stiffliar debts  |                    |
|       | No  | Other. Specify Collecting for Creditor  |                    |
|       | Yes   | Sales Spoolly   |                    |

| Debtor 1   | First Name   | Thomas<br>Middle Name | Last Name  | Entered 05/25/17 09:05:27<br>Page 28 of 61<br>Case Number (if known) | Desc Main | _                |
|--|--|-----------------------|--|--|-----------|------------------|
|  |  |                       | ginning with 4.4, followed by 4.   | 5. and so forth.   |           | Total Claim      |
| 4.25   | State Collection Servi  Creditor's Name 2509 S Stoughton Rd  Number Street |                       | Last 4 digits of account number  | 4400   |           | \$ <u>257.00</u> |
| Madison WI 53716  City State Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt |  |                       | As of the date you file, the claim Contingent Unliquidated Disputed  | <b>m is:</b> Check all that apply.                                   |           |                  |
|  |  |                       | Type of NONPRIORITY unsecu Student loans Obligations arising out of a set that you did not report as prior Debts to pension or profit-shar | paration agreement or divorce  |           |                  |

6156

2016-2017

Other. Specify \_\_\_Medical Debt

Last 4 digits of account number

As of the date you file, the claim is: Check all that apply.

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

Type of NONPRIORITY unsecured claim:

that you did not report as priority claims

Other. Specify \_\_\_Unknown Credit Extension

When was the debt incurred?

Contingent

Disputed

Unliquidated

Student loans

|    | Part 3:           | List Others to Be Notified for a Debt Th   | at You            | Already Listed                      |             |   |  |
|----|-------------------|--|-------------------|-------------------------------------|-------------|---|--|
| 5. | example, it       | age only if you have others to be notified<br>f a collection agency is trying to collect f<br>the collection agency here. Similarly, if y<br>creditors here. If you do not have addition | rom you<br>ou hav | u for a debt you<br>e more than one | owe to some | eone else, list the origin<br>r any of the debts that y | al creditor in Parts 1 or<br>ou listed in Parts 1 or 2, list the |
|    | Clerk, Firs       | st Mun Div   |                   | _                                   | On which    | entry in Part 1 or Part 2                               | list the original creditor?                                      |
|    | Name<br>50 W. Wa  | shington St., Rm. 1001   |                   |                                     | Line 22     | of (Check one):   | Part 1: Creditors with Priority Unsecured Claims                 |
|    | Number            | Street   |                   |                                     |             |   | Part 2: Creditors with Nonpriority Unsecured Claims              |
|    |                   |  |                   | _                                   |             |   |  |
|    | Chicago           |  | IL                | 60602                               | Last 4 dig  | its of account number                                   | <del></del>  |
|    | City              | S  | tate Zip          | Code                                |             |   |  |
|    | Blatt, Has        | enmiller, Leibsker & Moore LLC   |                   | _                                   | On which    | entry in Part 1 or Part 2                               | list the original creditor?                                      |
|    | Name<br>10 S. LaS | alle St. Ste 2200  |                   |                                     | Line 22     | of (Check one):   | Part 1: Creditors with Priority Unsecured Claims                 |
|    | Number            | Street   |                   | _                                   |             |   | Part 2: Creditors with Nonpriority Unsecured Claims              |
|    |                   |  |                   | _                                   |             |   |  |
|    | Chicago           |  | IL                | 60603                               | Last 4 dig  | its of account number                                   | <u> </u>   |
|    | City              | 5  | tate Zip          | Code                                |             |   |  |
|    |                   |  |                   |                                     |             |   |  |

Schedule E/F: Creditors Who Have Unsecured Claims

Is the claim subject to offest?

120 Corporate Blvd Ste 1

City
Who owes the debt? Check one.

Debtor 1 and Debtor 2 only

At least one of the debtors and another

community debt
Is the claim subject to offest?

Check if this claim relates to a

World Financial Network BANK

Street

VA 23502

State Zip Code

No

4.26

Yes

Number

Norfolk

No

Debtor 1 only
Debtor 2 only

**\$** 1,512.00

307,057.83

| Thomas La  | aet Name   | 3   | 29 of 61<br>Case Number (if known)  |
|--|--|---|---|
|  | astranic   |   |   |
| Add the Amounts for Each Type of Unsecured Claims  the amounts of certain types of unsecured claims. This information the amounts for each type of unsecured claim.  6a. Domestic support obligations 6b. Taxes and Certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims.  Write that amount here. | information is for   | statistical re  | porting purposes only. 28 U.S.C. § 159.   |
|  |  |   | Total claim   |
| 6a. Domestic support obligations   |  | 6a.   | \$0.00  |
|  |  | 6b.   | \$80.00   |
|  | u were   | 6c.   | \$0.00  |
|  |  | 6d.   | \$0.00  |
| 6e. <b>Total.</b> Add lines 6a through 6d.   |  | 6e.   | \$ 80.00  |
|  | nounts of certain types of unsecured claims. This ounts for each type of unsecured claims. This ounts for each type of unsecured claim.  6a. Domestic support obligations  6b. Taxes and Certain other debts you owe the government  6c. Claims for death or personal injury while you intoxicated  6d. Other. Add all other priority unsecured claims | nounts of certain types of unsecured claims. This information is for ounts for each type of unsecured claim.  6a. Domestic support obligations  6b. Taxes and Certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6d. Other. Add all other priority unsecured claims. | Middle Name Last Name ddd the Amounts for Each Type of Unsecured Claim  nounts of certain types of unsecured claims. This information is for statistical recounts for each type of unsecured claim.  6a. Domestic support obligations 6b. Taxes and Certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. 6d. |

| Total claims<br>from Part 2 | 6f. Student loans   | 6f. | \$          |
|-----------------------------|---|-----|-------------|
|                             | 6g. Obligations arising out of a separation agreement<br>or divorce that you did not report as priority<br>claims | 6g. | \$0.00      |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts   | 6h. | \$0.00      |
|                             | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                             | 6i. | \$35,946.83 |

6j. Total. Add lines 6f through 6i.

Schedule E/F: Creditors Who Have Unsecured Claims

| Fi                        | II in this int   | Caso 17<br>formation to iden  |  | ilod 05/25/17   |  | ed 05/25/17 09:09<br>0 of 61  | 5:27         | Desc Main       |       |
|---------------------------|--|---|--|---|--|---|--------------|-----------------|-------|
|                           |  |   | _  |   |  | 0 01 01   |              |                 |       |
| D                         | ebtor 1  | Erik<br>First Name  | Thomas  Middle Name  | Scheckelhoff  Last Name   |  |   |              |                 |       |
| D                         | ebtor 2  |   |  |   |  |   |              |                 |       |
| (S                        | pouse, if filing)  | First Name  | Middle Name  | Last Name   |  |   |              |                 |       |
| U                         | nited States   | Bankruptcy Court fo   | r the : <u>NORTHERN</u> District of <u>IL</u>  |   |  |   |              | _               |       |
|                           | ase Number   |   |  | (State)   |  |   |              | Check if this i |       |
|                           | f known)   | 4000  |  |   |  |   |              | amended filin   | g     |
| <u>Off</u>                | <u>icial Fo</u>  | orm 106G  |  |   |  |   |              |                 | 12/15 |
| Be as informaddition 1. [ | complete mation. If m ional pages oo you hav No. Cho Yes. Fill | and accurate as nore space is needs, write your name any executory of each this box and so in all of the informely each person of | possible. If two married people eded, copy the additional page, the and case number (if known). contracts or unexpired leases? Submit this form to the court with you mation below even if the contracts or company with whom you have cell phone). See the instructions | are filing together, both fill it out, number the en your other schedules. You or leases are listed in See the contract or lease. | n are equally natries, and a sound and a sound | ning else to report on this for /B: Property (Official Form 1) what each contract or leas | m.<br>06A/B) | iny             |       |
| u                         | nexpired le  | ases.   | hom you have the contract or le  |   |  | State what the contrac  |              |                 |       |
| 2.1                       |  |   |  |   |  |   |              |                 |       |
|                           | Name   |   |  |   | •  |   |              |                 |       |
|                           | Number   | Street  |  |   | -  |   |              |                 |       |
|                           | City   |   | State Zip C  | ode   | -  |   |              |                 |       |
| 2.2                       |  |   |  |   |  |   |              |                 |       |
|                           | Name   |   |  |   | -  |   |              |                 |       |
|                           | Number   | Street  |  |   | -  |   |              |                 |       |
|                           | City   |   | State Zip C  | ode   | -  |   |              |                 |       |
| 2.3                       |  |   |  |   |  |   |              |                 |       |
|                           | Name   |   |  |   | -  |   |              |                 |       |
|                           | Number   | Street  |  |   | -  |   |              |                 |       |
|                           | City   |   | State Zip C  | ode   | -  |   |              |                 |       |
| 2.4                       |  |   |  |   |  |   |              |                 |       |
|                           | Name   |   |  |   | •  |   |              |                 |       |
|                           | Number   | Street  |  |   | -  |   |              |                 |       |
|                           | City   |   | State Zip C  | ode   | -  |   |              |                 |       |
| 2.5                       |  |   |  |   |  |   |              |                 |       |
|                           | Name   |   |  |   | -  |   |              |                 |       |
|                           | Number   | Street  |  |   | -  |   |              |                 |       |

State Zip Code

City

| Fill in this in     | Fill in this information to identify your case: |  |                 |  |  |  |
|---------------------|---|--|-----------------|--|--|--|
| Debtor 1            | Erik  | Thomas                                 | Scheckelhoff    |  |  |  |
|                     | First Name                                      | Middle Name                            | Last Name       |  |  |  |
| Debtor 2            | ·   |  |                 |  |  |  |
| (Spouse, if filing) | First Name                                      | Middle Name                            | Last Name       |  |  |  |
| United States       | Bankruptcy Court fo                             | or the : <u>NORTHERN</u> District of _ | <u>ILLINOIS</u> |  |  |  |
| Case Number         | r   |  | (State)         |  |  |  |
| (If known)          |   |  |                 |  |  |  |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| ally | any Adultional Pages, write your name and case number (it known). Answer every question. |                        |   |                                  |                        |   |  |
|------|--|------------------------|---|----------------------------------|------------------------|---|--|
| 1.   | Do y   | ou have any c          | odebtors? (If you are filing a jo                               | oint case, do not list either sp | ouse as a codebtor.)   |   |  |
|      |  | No.                    |   |                                  |                        |   |  |
|      |  | Yes                    |   |                                  |                        |   |  |
| 2.   |  | =                      |   |                                  |                        | property states and territories include         |  |
|      | _  |                        | Idaho, Lousiiana, Nevada, Ne                                    | ew Mexico, Puerto Rico, Texa     | is, vvasnington, and v | vvisconsin.)                                    |  |
|      | =  | No. Go to line         |   |                                  |                        |   |  |
|      | ш  | Yes. Did your s        | spouse, former spouse, or lega                                  | al equivalent live with you at t | ne time?               |   |  |
|      |  | Yes. Inwh              | ich community state or territor                                 | y did you live?                  | Fill in the i          | name and current address of that person.        |  |
|      |  |                        |   |                                  |                        |   |  |
|      |  | Name of your           | spouse, former spouse or legal equivaler                        | nt                               |                        |   |  |
|      |  | Number                 | Street  |                                  | <del></del>            |   |  |
|      |  | City                   |   | State                            | Zip Code               |   |  |
| 3.   | In C   | -                      | l of vour codebtors. Do not in                                  |                                  | ·                      | e is filing with you. List the person           |  |
|      | sho  | wn in line 2 aga       | ain as a codebtor only if that                                  | person is a guarantor or co      | signer. Make sure yo   | ou have listed the creditor on                  |  |
|      |  | -                      | al Form 106D), Schedule E/F (<br>chedule G to fill out Column : |                                  | chedule G (Official F  | orm 106G). Use Schedule D,                      |  |
|      |  | ·                      |   |                                  |                        |   |  |
|      | C  | olumn 1: <b>Your</b> o | codeptor  |                                  |                        | Column 2: The creditor to whom you owe the debt |  |
|      |  |                        |   |                                  |                        | Check all schedules that apply:                 |  |
| 3.1  |  |                        |   |                                  |                        | Schedule D, line                                |  |
|      | N  | lame                   |   |                                  |                        | Schedule E/F, line                              |  |
|      | 1  | Number S               | reet  |                                  |                        | Schedule G, line                                |  |
|      |  | City                   |   | State                            | Zip Code               |   |  |
| 3.2  | 2 _  |                        |   |                                  |                        | Schedule D, line                                |  |
|      | _ \  | lame                   |   |                                  |                        | Schedule E/F, line                              |  |
|      | 1  | Number S               | treet   |                                  |                        | Schedule G, line                                |  |
|      | _  | City                   |   | State                            | Zip Code               |   |  |
| 3.3  | _  | ,                      |   |                                  | ·                      | Schedule D, line                                |  |
|      |  | lame                   |   |                                  |                        | Schedule E/F, line                              |  |
|      | -  | Number S               | reet  |                                  |                        | Schedule G, line                                |  |
|      | _  | City                   |   | State                            | Zip Code               | Outequie 9, line                                |  |
|      | ,  | Jity                   |   | Giaic                            | Zip Code               |   |  |

Official Form 106H Record # 744532 Schedule H: Your Codebtors Page 1 of 1

Case 17-16170 Doc 1 Filed 05/25/17 Entered 05/25/17 09:05:27 Desc Main Document Page 32 of 61

| Debtor 1                     | Erik                 | Thomas                           | Scheckelhoff |                                      |
|------------------------------|----------------------|----------------------------------|--------------|--------------------------------------|
|                              | First Name           | Middle Name                      | Last Name    |                                      |
| Debtor 2                     |                      |                                  |              |                                      |
| Spouse, if filing)           | First Name           | Middle Name                      | Last Name    |                                      |
|                              |                      |                                  |              |                                      |
| Jnited States                | Bankruptcy Court for | the : <u>NORTHERN DISTRICT O</u> | F ILLINOIS   |                                      |
| Jnited States<br>Case Number | _                    | the : <u>NORTHERN DISTRICT O</u> | F ILLINOIS   | Check if this is:                    |
|                              | _                    |                                  | F ILLINOIS   | Check if this is:  An amended filing |

| U | neck if this is:                   |
|---|------------------------------------|
|   | An amended filing                  |
| Γ | A supplement showing post-petition |

chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

#### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Describe E  | mployment                          |  |   |              |  |  |  |
|---|------------------------------------|--|---|--------------|--|--|--|
| Fill in your employminformation   | nent                               |  | Debtor 1  |              | Debtor 2 or non-filing spouse  X Employed Not employed Adjunct Professor |  |  |
| If you have more the attach a separate prinformation about a employers. | age with                           | Employment status  | X Employed Not employed                           |              |  |  |  |
| Include part-time, so<br>self-employed work                             |                                    | Occupation   | Attorney  |              |  |  |  |
| Occupation may Inc  | annlies                            | Employers name   | Mindcrest   |              | City Colleges of Chicago   |  |  |
|   |                                    | Employers address  | 440 S. Lasalle St., ste 1100<br>Chicago, IL 60605 |              | 226 W. Jackson   |  |  |
|   |                                    |  |   |              | Chicago, IL 60606  |  |  |
|   |                                    |  |   |              | _  |  |  |
|   |                                    | How long employed there?   | Since 5/1/2017                                    |              | Since 5/1/2017   |  |  |
| Part 2: Give Detail   | s About Monthly I                  | ncome  |   |              |  |  |  |
| spouse unless you<br>If you or your non-fi                              | are separated.<br>ling spouse have | date you file this form. If you hat more than one employer, combinattach a separate sheet to this form | ne the information for a                          |              | . , ,  |  |  |
|   |                                    |  |   | For Debtor 1 | For Debtor 2 or non-filing spouse  |  |  |
|   | • •                                | and commissions (before all pay<br>culate what the monthly wage wo                                     | \$4 750 00  |              | \$1,560.00   |  |  |
| 3. Estimate and list r  | monthly overtime                   | рау.   |   | \$0.00       | \$0.00   |  |  |
| 4. Calculate gross in   | come. Add line 2                   | + line 3.  |   | \$4,750.00   | \$1,560.00   |  |  |

Official Form 106I Record # 744532 Schedule I: Your Income Page 1 of 2

Page 33 of 61
Case Number (if known) Document Scheckelhoff Erik Thomas Debtor 1 First Name Middle Name Last Name

|               |              |   |                | For Debtor 1                  | For Debtor 2 or non-filing spouse |                       |
|---------------|--------------|---|----------------|-------------------------------|-----------------------------------|-----------------------|
|               | Copy         | y line 4 here   | 4.             | \$4,750.00                    | \$1,560.00                        |                       |
| 5. <b>L</b>   | ist all      | payroll deductions:   |                |                               |                                   |                       |
|               | 5a. <b>T</b> | ax, Medicare, and Social Security deductions  | 5a.            | \$1,149.92                    | \$108.46                          |                       |
|               | 5b. <b>N</b> | Mandatory contributions for retirement plans  | 5b.            | \$0.00                        | \$124.97                          |                       |
|               | 5c. <b>V</b> | oluntary contributions for retirement plans   | 5c.            | \$0.00                        | \$0.00                            |                       |
|               | 5d. <b>F</b> | Required repayments of retirement fund loans  | 5d.            | \$0.00                        | \$0.00                            |                       |
|               | 5e. <b>I</b> | nsurance  | 5e.            | \$552.94                      | \$0.00                            |                       |
|               | 5f. <b>C</b> | Domestic support obligations  | 5f.            | \$0.00                        | \$0.00                            |                       |
|               | 5g. <b>L</b> | Inion dues  | 5g.            | \$0.00                        | \$0.00                            |                       |
|               | 5h. <b>C</b> | Other deductions. Specify: Life Insurance(D1),  | 5h.            | \$19.82                       | \$0.00                            |                       |
| 6. <b>A</b>   | dd the       | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.  | 6.             | \$1,722.68                    | \$233.44                          |                       |
| 7. <b>C</b> a | alcula       | te total monthly take-home pay. Subtract line 6 from line 4.  | 7.             | \$3,027.32                    | \$1,326.56                        |                       |
| 8. <b>Li</b>  | st all       | other income regularly received:  |                |                               | ·                                 |                       |
|               | 8a.          | Net income from rental property and from operating a business,  |                |                               |                                   |                       |
|               |              | profession, or farm   |                |                               |                                   |                       |
|               |              | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total |                |                               |                                   |                       |
|               |              | monthly net income.   | 8a.            | \$0.00                        | \$0.00                            |                       |
|               | 8b.          | Interest and dividends  | 8b.            | \$0.00                        | \$0.00                            |                       |
|               | 8c.          | Family support payments that you, a non-filing spouse, or a   | 8c.            | \$ 0.00                       | \$ 0.00                           |                       |
|               |              | dependent regularly receive   |                |                               |                                   |                       |
|               |              | Include alimony, spousal support, child support, maintenance, divorce   |                |                               |                                   |                       |
|               |              | settlement, and property settlement.  |                |                               |                                   |                       |
|               | 8d.          | Unemployment compensation   | 8d.            | \$0.00                        | \$0.00                            |                       |
|               | 8e.          | Social Security   | 8e.            | \$0.00                        | \$0.00                            |                       |
|               | 8f.          | Other government assistance that you regularly receive  | 8f.            | \$0.00                        | \$0.00                            |                       |
|               |              | Include cash assistance and the value (if known) of any non-cash  |                |                               |                                   |                       |
|               |              | assistance that you receive, such as food stamps (benefits under the  |                |                               |                                   |                       |
|               |              | Supplemental Nutrition Assistance Program) or housing subsidies.  |                |                               |                                   |                       |
|               |              | Specify:  |                |                               |                                   |                       |
|               | 8g.          | Pension or retirement income  | 8g.            | \$0.00                        | \$0.00                            |                       |
|               | 8h.          | Other monthly income. Specify:  | 8h.            | \$0.00                        | \$0.00                            |                       |
| 9.            | Add          | <b>all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.             | \$0.00                        | \$0.00                            |                       |
| 10.           |              | ulate monthly income. Add line 7 + line 9.  | 10.            | \$3,027.32 +                  | \$1,326.56                        | \$4,353.88            |
|               | Add          | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |                |                               |                                   |                       |
| 11.           | State        | e all other regular contributions to the expenses that you list in Schedul  | le J.          |                               |                                   |                       |
|               | Inclu        | de contributions from an unmarried partner, members of your household, y  | our depend     | ents, your roommates, and     |                                   |                       |
|               |              | r friends or relatives.   |                |                               |                                   |                       |
|               |              | ot include any amounts already included in lines 2-10 or amounts that are   |                | to pay expenses listed in     | Schedule J.                       |                       |
|               | Spec         | ify:  |                |                               |                                   | 11. \$0.00            |
| 12.           | Add          | the amount in the last column of line 10 to the amount in line 11. The re   | sult is the co | ombined monthly income.       |                                   |                       |
|               | Write        | e that amount on the Summary of Schedules and Statistical Summary of C  | ertain Liabil  | ities and Related Data, if it | applies                           | 12. <b>\$4,353.88</b> |
| 13.           | -            | ou expect an increase or decrease within the year after you file this form  | n?             |                               |                                   |                       |
|               | X I          |   |                |                               |                                   |                       |
|               | П,           | Yes. Explain:   |                |                               |                                   |                       |
|               |              |   |                |                               |                                   |                       |

Case 17-16170 Doc 1 Filed 05/25/17 Entered 05/25/17 09:05:27 Document Page 34 of 61 Fill in this information to identify your case: **Thomas** Scheckelhoff Check if this is: Erik Debtor 1 First Name Middle Name Last Name An amended filing Debtor 2 A supplement showing post-petition chapter 13 Middle Name (Spouse, if filing) First Name Last Name income as of the following date: United States Bankruptcy Court for the : \_\_NORTHERN DISTRICT OF ILLINOIS\_ MM / DD / YYYY Case Number A separate filing for Debtor 2 because Debtor 2 maintains a separate household. Official Form 106J **Schedule J: Your Expenses** 12/14 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** 1. Is this a joint case? X No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file a separate Schedule J. Do you have dependents? X No Dependent's relationship to Does dependent live Dependent's Debtor 1 or Debtor 2 with you? age Do not list Debtor 1 and Yes. Fill out this information for Х No Debtor 2. each dependent..... Do not state the dependents' names. No Χ Х Νo Yes Χ No Yes Χ Nο Yes Do your expenses include No expenses of people other than Yes yourself and your dependents? Part 2: **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report Include expenses paid for with non-cash government assistance if you know the value

expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) The rental or home ownership expenses for your residence. Include first mortgage payments and

any rent for the ground or lot. If not included in line 4:

Real estate taxes Property, homeowner's, or renter's insurance

Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues

\$1,550.00 \$0.00 \$0.00 4b. \$50.00 4c. \$0.00

4d

Your expenses

Page 1 of 3

Erik Debtor 1

First Name

Thomas

Middle Name

Document Scheckelhoff

Last Name

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|     |   |      | Your expens | es       |
|-----|---|------|-------------|----------|
| 5.  | Additional Mortgage payments for your residence, such as home equity loans                            | 5.   |             | \$0.00   |
| 6.  | Utilities:  |      |             |          |
| -   | 6a. Electricity, heat, natural gas  | 6a.  |             | \$285.00 |
|     | 6b. Water, sewer, garbage collection  | 6b.  |             | \$100.00 |
|     | 6c. Telephone, cell phone, internet, satellite, and cable service                                     | 6c.  |             | \$405.00 |
|     | 6d. Other. Specify:   | 6d.  | \$          | 0.00     |
| 7.  | Food and housekeeping supplies  | 7.   |             | \$600.00 |
| 8.  | Childcare and children's education costs  | 8.   |             | \$0.00   |
| 9.  | Clothing, laundry, and dry cleaning   | 9.   |             | \$125.00 |
| 10. | Personal care products and services   | 10.  |             | \$100.00 |
| 11. | Medical and dental expenses   | 11.  |             | \$150.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare.  | 12.  |             | \$324.00 |
|     | Do not include car payments.  |      |             |          |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.  |             | \$53.00  |
| 14. | Charitable contributions and religious donations  | 14.  |             | \$0.00   |
| 15. | Insurance.  |      |             |          |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |      |             |          |
|     | 15a. Life insurance   | 15a. |             | \$0.00   |
|     | 15b. Health insurance   | 15b. |             | \$0.00   |
|     | 15c. Vehicle insurance  | 15c. |             | \$158.00 |
|     | 15d. Other insurance. Specify:  | 15d. |             | \$0.00   |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |      |             |          |
|     | Specify:  | 16.  |             | \$0.00   |
| 17. | Installment or lease payments:  |      |             |          |
|     | 17a. Car payments for Vehicle 1   | 17a. |             | \$295.00 |
|     | 17b. Car payments for Vehicle 2   | 17b. |             | \$0.00   |
|     | 17c. Other. Specify:  | 17c. |             | \$0.00   |
|     | 17d. Other. Specify:  | 17d. |             | \$0.00   |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted                |      |             |          |
|     | from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                | 18.  |             | \$0.00   |
| 19. | Other payments you make to support others who do not live with you.                                   |      |             |          |
|     | Specify:  | 19.  |             | \$0.00   |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |      |             |          |
|     | 20a. Mortgages on other property  | 20a. |             | \$ 0.00  |
|     | 20b. Real estate taxes  | 20b. | \$          | 0.00     |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$          | 0.00     |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$          | 0.00     |
|     | 20e. Homeowner's association or condominium dues  | 20e. | \$          | 0.00     |

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Erik Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$153.00 Pet Care (\$50.00), Postage/Bank Fees (\$3.00), Student Loans (\$100.00), 21. 21. Other. Specify: \$4,348.00 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. 23a. \$4,353.88 Copy line 12 (your comibined monthly income) from Schedule I. 23a. \$4,348.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$5.88 Subtract your monthly expenses from your monthly income. 23c. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Yes. Explain Here:

Official Form 106J Record # 744532 Schedule J: Your Expenses Page 3 of 3

| Fill in this in        | Fill in this information to identify your case: |                                   |                     |  |
|------------------------|---|-----------------------------------|---------------------|--|
| Debtor 1               | Erik  | Thomas                            | Scheckelhoff        |  |
|                        | First Name                                      | Middle Name                       | Last Name           |  |
| Debtor 2               |   |                                   |                     |  |
| (Spouse, if filing)    | First Name                                      | Middle Name                       | Last Name           |  |
|                        |   | the : <u>NORTHERN</u> District of | ILLINOIS<br>(State) |  |
| Case Number (If known) |   |                                   |                     |  |

### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |   |
|--|---|
| Did you pay or agree to pay someone who is NOT an                | attorney to help you fill out bankruptcy forms?   |
| No   |   |
| Yes. Name of Person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |   |
|  |   |
| Under penalty of perjury, I declare that I have read th correct. | e summary and schedules filed with this declaration and that they are true and                |
|  |   |
| /s/ Erik Thomas Scheckelhoff                                     | <b>x</b>  |
| Signature of Debtor 1  | Signature of Debtor 2   |
| Date 05/19/2017  | Data  |
| MM / DD / YYYY   | Date<br>MM / DD / YYYY  |
|  |   |

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| Fill in this in  | Fill in this information to identify your case: |                    |                         |  |
|--|---|--------------------|-------------------------|--|
| Debtor 1   | Erik<br>First Name                              | Thomas Middle Name | Scheckelhoff  Last Name |  |
| Debtor 2   |   |                    |                         |  |
| (Spouse, if filing)  | First Name                                      | Middle Name        | Last Name               |  |
| United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State) |   |                    |                         |  |
| Case Number<br>(If known)  | r   |                    | _                       |  |

## Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| number (if known). Answer every question.                           |                          |   |                |
|---|--------------------------|---|----------------|
| Part 1: Give Details About Your Marital Status and Where            | You Lived Before         |   |                |
| 01. What is your current marital status?                            |                          |   |                |
| Married   |                          |   |                |
| <br>Not married   |                          |   |                |
|   |                          |   |                |
| 02 During the last 3 years, have you lived anywhere other t         | than where you live nov  | n   |                |
| ■ No.  ☐ Yes. List all of the places you lived in the last 3 years. | Do not include where ye  | au live pour                                      |                |
| Tes. List all of the places you lived in the last 3 years.          | Do not include where yo  | u live now.                                       |                |
| Debtor 1  | Dates Debtor 1           | Debtor 2:   | Dates Debtor 2 |
| 03 Within the last 8 years, did you ever live with a spouse of      | lived there              | community property state or territory? (Community | lived there    |
| property states and territories include Arizona, Californ           |                          |   |                |
| and Wisconsin.)  ■ No.  |                          |   |                |
| Yes. Make sure you fill out Schedule H: Your Codebtor               | rs (Official Form 106H). |   |                |
|   |                          |   |                |
|   |                          |   |                |
| Part 2: Explain the Sources of Your Income                          |                          |   |                |
|   |                          |   |                |
|   |                          |   |                |
|   |                          |   |                |
|   |                          |   |                |
|   |                          |   |                |
|   |                          |   |                |
|   |                          |   |                |
|   |                          |   |                |
|   |                          |   |                |
|   |                          |   |                |
|   |                          |   |                |
|   |                          |   |                |
|   |                          |   |                |
|   |                          |   |                |

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Scheckelhoff Debtor 1 Erik **Thomas** Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$19,000 \$3,718 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, \$56,896 Wages, commissions, \$7,009 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2016) Operating a business Operating a business Wages, commissions, Wages, commissions. \$50,000 For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

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Last Name

Document Page 40 of 61 Scheckelhoff Thomas Case Number (if known) \_

| 06 | Are either Debtor 1's or Debtor 2's debts primarily consu   | umer debts?           |                                 |                          |  |
|----|---|-----------------------|---------------------------------|--------------------------|--|
|    | No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as             |                       |                                 |                          |  |
|    | "incurred by an individual primarily for a personal, family, or household purpose."   |                       |                                 |                          |  |
|    | During the 90 days before you filed for bankruptcy  | , did you pay any     | creditor a total of \$6,225* of | or more?                 |  |
|    | No. Go to line 7.   |                       |                                 |                          |  |
|    | Yes. List below each creditor to whom you pa  | id a total of \$6,22  | 5* or more in one or more p     | payments and the         |  |
|    | total amount you paid that creditor. Do not inc   |                       |                                 | -                        |  |
|    | child support and alimony. Also, do not includ  | e payments to an      | attorney for this bankrupto     | y case.                  |  |
|    | * Subject to adjustment on 4/01/16 and every 3 years a  | after that for cases  | s filed on or after the date o  | of adjustment.           |  |
|    | Yes. Debtor 1 or Debtor 2 or both have primarily co   | nsumer debts.         |                                 |                          |  |
|    | During the 90 days before you filed for bankrupto   |                       | y creditor a total of \$600 or  | more?                    |  |
|    | ☐ No. Go to line 7.   |                       |                                 |                          |  |
|    | _   |                       |                                 |                          |  |
|    | Yes. List below each creditor to whom you pa  | id a total of \$600   | or more and the total amou      | int you paid that        |  |
|    | creditor. Do not include payments for domesti   | ic support obligation | ons, such as child support      | and                      |  |
|    | alimony. Also, do not include payments to an  | attorney for this ba  | ankruptcy case.                 |                          |  |
|    |   |                       |                                 |                          |  |
|    |   | Dates of              | Total amount paid               | Amount you still o       | we Was this payment for                            |
|    |   | payments              |                                 |                          |  |
|    |   |                       |                                 |                          | <b>=</b>   |
|    | Chase MTG Po Box 24696  | Monthly               | \$1507                          | \$ 187,095               | Mortgage<br>☐ Car                                  |
|    | Columbus OH 43224   |                       |                                 |                          | ☐ Credit card                                      |
|    |   |                       |                                 |                          | ☐ Loan repayment                                   |
|    |   |                       |                                 |                          | Suppliers or vendors                               |
|    |   |                       |                                 |                          | Other  |
|    |   |                       |                                 |                          |  |
|    |   |                       |                                 |                          |  |
| 07 |   |                       |                                 |                          |  |
| 07 | Within 1 year before you filed for bankruptcy, did you make<br>Insiders include your relatives; any general partners; relatives |                       |                                 |                          | ıl partner;  |
|    | corporations of which you are an officer, director, person in   | control, or owner     | of 20% or more of their vo      | ting securities; and an  | managing   |
|    | agent, including one for a business you operate as a sole p<br>such as child support and alimony.                               | proprietor. 11 U.S.   | C. § 101. Include payment       | s for domestic support   | obligations,                                       |
|    | No.   |                       |                                 |                          |  |
|    | Yes. List all payments to an insider.   |                       |                                 |                          |  |
|    |   | Dates of              | Total amount A                  | mount you still          | Reason for this payment                            |
|    |   | payment               | paid                            | we                       |  |
| 08 | Within 1 year before you filed for bankruptcy, did you make   | any navments or       | transfer any property on a      | ccount of a debt that b  | enefited   |
|    | an insider?   |                       | transfer any property on a      | occurre of a dept that b | chened   |
|    | Include payments on debts guaranteed or cosigned by an i  | nsider.               |                                 |                          |  |
|    | No.   |                       |                                 |                          |  |
|    | Yes. List all payments to an insider.   |                       |                                 |                          |  |
|    |   | Dates of payment      |                                 | mount you still<br>we    | Reason for this payment<br>Include creditor's name |
|    | Identify Legal actions Penessessions and Foreclos   |                       | p                               |                          |  |
|    | Identify Legal actions, Repossessions, and Foreclo  | 3u: 03                |                                 |                          |  |
|    |   |                       |                                 |                          |  |
|    |   |                       |                                 |                          |  |
|    |   |                       |                                 |                          |  |

Erik

First Name

Middle Name

Debtor 1

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| Debit | First Name  | Middle Name                | Last Name                       | Case Number (II Known)  |                       |
|-------|---|----------------------------|---------------------------------|---|-----------------------|
| 09    | List all such matters, inclu                              | iding personal injury case |                                 | rt action, or administrative proceeding?<br>es, collection suits, paternity actions, support or | custody               |
|       | modifications, and contract                               |                            |                                 |   |                       |
|       | Yes. Fill in the details.                                 |                            | Natura af tha anna              | Carret an amount  | Otation of the annual |
|       | Midlered Frankins of Le                                   | V0 F-:I-                   | Nature of the case              | Court or agency   | Status of the case    |
|       | Midland Funding Llc                                       | VS EIIK                    | Collection                      | Cook County First Municipal   | Pending               |
|       | Scheckelhoff CASE NUMBER#46                               | M4420406                   |                                 |   |                       |
|       | CASE NUMBER#16  | WIT129490                  |                                 |   | Concluded             |
| 10    | Within 1 year before you f<br>Check all that apply and fi |                            | any of your property repossess  | ed, foreclosed, garnished, attached, seized, or l   | evied?                |
|       | No. Go to line 11   |                            |                                 |   |                       |
|       | Yes. Fill in the information                              | ation below.               |                                 |   |                       |
| 11    | Within 90 days before yo or refuse to make a payn         |                            |                                 | ank or financial institution, set off any amount  | ts from your accounts |
|       | No. Go to line 11   | ,                          |                                 |   |                       |
|       | Yes. Fill in the informa                                  | ation helow                |                                 |   |                       |
| 12    | _   | filed for bankruptcy, wa   |                                 | possession of an assignee for the benefit of c  | reditors, a           |
|       | No. Yes.  |                            |                                 |   |                       |
|       | art 5: List Certain Gifts                                 | and Contributions          |                                 |   |                       |
|       |   |                            | id you give any gifts with a to | tal value of more than \$600 per person?  |                       |
|       | _   | u meu for bankruptcy, u    | ia you give any gints with a to | tal value of more than 4000 per person:   |                       |
|       | No.   | for a selectify            |                                 |   |                       |
| 14    | Yes. Fill in the details                                  | _                          | id you give any gifts or contri | butions with a total value of more than \$600 to  | o any charity?        |
|       | No.   | u ilieu ioi balikiupicy, u | id you give any girts or contri | outions with a total value of more than \$000 to  | any charty:           |
|       | Yes. Fill in the details                                  | for each gift.             |                                 |   |                       |
| P     | art 6: List Certain Loss                                  | es                         |                                 |   |                       |
| 15    | Within 1 year before you gambling?                        | filed for bankruptcy or    | since you filed for bankruptcy  | , did you lose anything because of theft, fire, o   | other disaster, or    |
|       | No.   |                            |                                 |   |                       |
|       | Yes. Fill in the details                                  | for each gift.             |                                 |   |                       |
| P     | List Certain Payn   | nents or Transfers         |                                 |   |                       |
| 16    | consulted about seeking                                   | bankruptcy or preparin     | g a bankruptcy petition?        | n your behalf pay or transfer any property to a   |                       |
|       | ∏ No.   |                            |                                 |   | -                     |
|       | Yes. Fill in the details                                  |                            |                                 |   |                       |
|       |   |                            |                                 |   |                       |
|       |   |                            |                                 |   |                       |
|       |   |                            |                                 |   |                       |
|       |   |                            |                                 |   |                       |
|       |   |                            |                                 |   |                       |
|       |   |                            |                                 |   |                       |

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Case Number (if known) \_

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Scheckelhoff

Last Name

Thomas

Middle Name

|    | Party Contact Info   | Description and value of a            | any property transferred    | Date paym or transfer               |                     |  |  |
|----|--|---------------------------------------|-----------------------------|-------------------------------------|---------------------|--|--|
|    | Geraci Law L.L.C.  |                                       |                             |                                     | \$3,430.00          |  |  |
|    | 55 E. Monroe Street #3400  |                                       |                             |                                     |                     |  |  |
|    | Chicago,IL 60603   |                                       |                             |                                     |                     |  |  |
|    |  |                                       |                             |                                     |                     |  |  |
|    |  |                                       |                             |                                     |                     |  |  |
|    |  |                                       |                             |                                     |                     |  |  |
|    |  |                                       |                             |                                     |                     |  |  |
|    | Party Contact Info   | Description and value of a            | any property transferred    | Date paym<br>or transfer            |                     |  |  |
|    | Hananwill Credit Counseling  | Credit Counseling Services            |                             | 2017                                | \$25.00             |  |  |
|    | 115 N. Cross St.   |                                       |                             |                                     |                     |  |  |
|    | Robinson, IL 62454   |                                       |                             |                                     |                     |  |  |
|    |  |                                       |                             |                                     |                     |  |  |
|    |  |                                       |                             |                                     |                     |  |  |
|    |  |                                       |                             |                                     |                     |  |  |
|    |  |                                       |                             |                                     |                     |  |  |
| 17 | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that   | s or to make payments to your cre     |                             | er any property to any              | one who             |  |  |
|    | ■ No.  |                                       |                             |                                     |                     |  |  |
|    | Yes. Fill in the details.  |                                       |                             |                                     |                     |  |  |
|    |  |                                       |                             |                                     |                     |  |  |
| 18 | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  Do not include gifts and transfers that you have already listed on this statement. |                                       |                             |                                     |                     |  |  |
|    | ■ No.  | •                                     |                             |                                     |                     |  |  |
|    | Yes. Fill in the details for each gift.  |                                       |                             |                                     |                     |  |  |
|    |  |                                       |                             |                                     |                     |  |  |
| 19 | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  |                                       |                             |                                     |                     |  |  |
|    | No.  |                                       |                             |                                     |                     |  |  |
|    | Yes. Fill in the details for each gift.  |                                       |                             |                                     |                     |  |  |
|    |  |                                       |                             |                                     |                     |  |  |
| P  | art 8: List Certain Financial Accounts, Instru   | ments, Safe Deposit Boxes, and Stor   | age Units                   |                                     |                     |  |  |
| 20 | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc  | r other financial accounts; certifica | tes of deposit; shares in l | -                                   |                     |  |  |
|    | No.  |                                       |                             |                                     |                     |  |  |
|    | Yes. Fill in the details.  |                                       |                             |                                     |                     |  |  |
|    |  | Last 4 digits of account number       | Type of account or          | Date account was                    | Last balance before |  |  |
|    |  |                                       | instrument                  | closed, sold, moved, or transferred | closing or transfer |  |  |
|    |  |                                       |                             |                                     |                     |  |  |
| 21 | Do you now have, or did you have within 1 y cash, or other valuables?  | ear before you filed for bankruptcy   | , any safe deposit box or   | other depository for s              | ecurities,          |  |  |
|    | No.  |                                       |                             |                                     |                     |  |  |
|    | Yes. Fill in the details.  |                                       |                             |                                     |                     |  |  |
|    |  | Who else had access to it?            | Describe the content        | ts                                  | Do you still        |  |  |
|    |  |                                       |                             |                                     | have it?            |  |  |
|    |  |                                       |                             |                                     |                     |  |  |

Erik

First Name

Debtor 1

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Erik **Thomas** Scheckelhoff Case Number (if known) Debtor 1 First Name Middle Name Last Name 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else has or had access to it? Describe the contents have it? Identify Property You Hold or Control for Someone Else 23 Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No. Yes. Fill in the details. Where is the property? Describe the property Value **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 25 Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Court or agency Nature of the case Status of the case Give Details About Your Business or Connections to Any Business Part 11: 27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

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| Debtor 1   | Erik                                      | Thomas                       | Scheckelhoff                       | Case Number (if known)   |  |
|------------|---|------------------------------|------------------------------------|--|--|
|            | First Name                                | Middle Name                  | Last Name                          | , ,  |  |
|            | thin 2 years before titutions, creditors, |                              | you give a financial statement to  | anyone about your business? Include all financial  |  |
|            | No.                                       |                              |                                    |  |  |
|            | Yes. Fill in the deta                     | ils.                         |                                    |  |  |
|            | _   | Date iss                     | eued                               |  |  |
| Part 12    | Sign Below                                |                              |                                    |  |  |
|            | .S.C. §§ 152, 1341,                       | ·                            | 4.0                                |  |  |
| ×          | Signature of Debto                        |                              | Signature of D                     | Debtor 2   |  |
|            | Date 05/19/2017                           |                              | Date                               |  |  |
|            | MM / DD /                                 | YYYY                         | MM /                               | DD / YYYY  |  |
| Did y      | you attach addition                       | al pages to Your Statement o | f Financial Affairs for Individual | s Filing for Bankruptcy (Official Form 107)?   |  |
|            | No  |                              |                                    |  |  |
| □ <b>`</b> | Yes                                       |                              |                                    |  |  |
| Did y      | ou pay or agree to                        | pay someone who is not an    | attorney to help you fill out bank | cruptcy forms?   |  |
| <b>I</b>   | No  |                              |                                    |  |  |
| □ <b>'</b> | Yes. Name of perso                        | on                           |                                    | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |  |

| Fill in this i  | Case 17<br>nformation to identi   |   | lod 05/25/17 Ente  | red 05/25/17 09:05:2<br>5 of 61  | 7 Desc Main   |       |
|---|---|---|--|--|---|-------|
| Debtor 1  | Erik  | Thomas  | Scheckelhoff   |  |   |       |
| Debtor 2  | First Name  | Middle Name   | Last Name  |  |   |       |
| (Spouse, if filing)   | First Name  | Middle Name   | Last Name  |  |   |       |
| Case Numbe  |   | the : <u>NORTHERN</u> District of <u>IL</u>   | (State)  |  | Check if this is an amended filing                  |       |
|   | orm 108<br>ent of Intent  | tion for Individual   | s Filing Under Cha   | apter 7  |   | 12/15 |
| whichever is earlif two married Both debtors in Be as complete write your name Partin | arlier, unless the co<br>people are filing too<br>nust sign and date to<br>e and accurate as p<br>ne and case number<br>List Your Creditors W | ourt extends the time for cause. gether in a joint case, both are of the form. ossible. If more space is neede r (if known).  Who Have Secured Claims | You must also send copies to equally responsible for supplyind, attach a separate sheet to the | y the date set for the meeting of crithe creditors and lessors you list.  Ing correct information.  It is form. On the top of any addition  The data of the set of th | nal pages,  |       |
| information   |   | operty that is collateral   | What do you intend to secures a debt?  | o do with the property that  | Did you claim the property as exempt on Schedule C? |       |
| Creditor's name:  Description property securing                                       | on of   |   | Retain the p   | e property roperty and redeem it roperty and enter into a n Agreement. roperty and [explain]:  | □ No<br>□ Yes                                       |       |
| Creditor's name:  Description property securing                                       | on of   |   | Retain the p   | e property roperty and redeem it roperty and enter into a n Agreement. roperty and [explain]:  | □ No □ Yes  |       |
| Creditor's  | 5   |   | Surrender th   | e property<br>roperty and redeem it  |   |       |

Retain the property and enter into a Description of Reaffirmation Agreement. property securing debt: Retain the property and [explain]: \_ □No ☐ Surrender the property Creditor's name: Retain the property and redeem it Yes Retain the property and enter into a Description of Reaffirmation Agreement. property securing debt: Retain the property and [explain]: \_ Page 1 of 2 Official Form 108 Record # 744532 Statement of Intention for Individuals Filing Under Chapter 7

Debtor 1

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Erik First Name

| For any unexpired personal property lease that you listed in <i>Schedule G: Executory Contracts and Unexpired Leases</i> (Official Form 106G), fill in the information below. Do not list real estate leases. <i>Unexpired leases</i> are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |                                |  |  |  |  |
|--|--------------------------------|--|--|--|--|
| Describe your unexpired personal property leases   | Will the lease be assumed?     |  |  |  |  |
| Lessor's name:   | □ No                           |  |  |  |  |
| Description of leased property:  | ☐ Yes                          |  |  |  |  |
| Lessor's name:   | □ No                           |  |  |  |  |
| Description of leased property:  | Yes                            |  |  |  |  |
| Lessor's name:   | □ No                           |  |  |  |  |
| Description of leased property:  | Yes                            |  |  |  |  |
| Lessor's name:   | No                             |  |  |  |  |
| Description of leased property:  | □Yes                           |  |  |  |  |
| Lessor's name:   | □No                            |  |  |  |  |
| Description of leased property:  | □Yes                           |  |  |  |  |
| Lessor's name:   | □ No                           |  |  |  |  |
| Description of leased property:  | □Yes                           |  |  |  |  |
| Lessor's name:   | □ No                           |  |  |  |  |
| Description of leased property:  | Yes                            |  |  |  |  |
| Part 3: Sign Below   |                                |  |  |  |  |
| Under penalty of perjury, I declare that I have indicated my intention about any property of my estate personal property that is subject to an unexpired lease.  | te that secures a debt and any |  |  |  |  |
| X /s/ Erik Thomas Scheckelhoff Signature of Debtor 1  Date   |                                |  |  |  |  |
| MM / DD / YYYY   |                                |  |  |  |  |

#### Case 17-16170 Georga di Lative di 105025/11 in ois Entitia anta 0/5/125/01 isi09:05:27 Desc Main

Headquarters: 55 E. Monroe Street, #3400 C 配面或UIIII 1995 13 8 1995 1997 O C BENT CORNER WWW.INFOTAPES.COM

Date: 5/15/2017

Consultation Attorney: **TEP** 

Record #: 744-532



### Retainer Agreement Chapter 7 - Pre-filing

| Services before filing in Court: I retain Geraci Law L.L.C. to prepare to file a Ch  | apter 7 bankruptcy petition in court. I agree to pay, by   |
|--|--|
| debit only, a flat fee for services <b>before</b> filing in court of \$ 2,000.00   | l etarting (   |
| at \$ { } today, \$ { } per { } volume of \$ \[ \] will obtain from \$ \[ \] \[ \] volume of \$ \[ \] \[ \] villobtain from \$ \[ \] |  |
| and \${} I will obtain from {  | VICTION OU days Of loday, Bankruptcy is time-sensitive   |
| may pay more than this amount to pre-pay post-filing services. After filing in court,  | any balance on the pre-tiling tee is discharged. We will   |
| start preparing your documents as soon as you sign this contract. Work before signing  | g is no charge. Work or Costs advanced AFTER Tiling  |
| in Court is not included in the pre-filing amount, unless you pay us for it in advance:  |  |
| After we file your Chapter 7 bankruptcy in Court, we will advance your Court Cos   | t of \$335, and the flat fee for services after case filing is   |
| \$ 1.095.00 & \$335 = \$1,430.00 total flat fee. We will present you with  | an agreement to repay the \$335, and pay a fee for our   |
| services after filing through Discharge or case closing without discharge. Wheth   | er or not you sign a post-filing agreement is entirely   |
| voluntary: you are not required to retain Geraci Law for post-bankruptcy services. Yo  | u may hire some other law firm to finish your bankruptcy   |
| and Geraci Law may withdraw from representing you.   |  |
| The flat fee for pre-filing work pays for: consultation after hiring us, (before retaining us  | is is free) preparation petition and schedules, means test &   |
| statement of financial affairs; phone calls, emails, web messages; processing and reviewing  | documents that we requested from you including faxes, email  |
| attachments, web uploads and mail; office appointment to review and sign your petition; fill   | ng your case in court. Excluded: appearance in any court or  |
| proceeding; taking calls from your creditors or bill collectors. If you decide to pre-pay, or proceeding; taking calls from your creditors or bill collectors.   | pay for ALL services before and after we file your case in   |
| court, all work until case closing is included except: missed section 341 meetings; ame including to reopen, avoid judgment liens, for enlargement of time; any contested matter including   | studing but not limited to objections to exemptions, motions to  |
| dismiss; attending rule 2004 examinations; reviewing documents that we did not specifically r  | equest from you: appearance other than bankruptcy court.   |
|  |  |
| Flat fee. With "flat fee", rather than hourly, you know in advance your entire cost unless add   | ditional work is required and it usually is cheaper, but you may   |
| choose to pay for our services billed hourly at \$75 -\$450/hour, and pay in advance a secu  | rity retaier, which may cost you more, or less than a flat fee.  |
| Advance Payment Retainer. Payments on flat fee or hourly become our property on payr   | nent and are deposited into our operating account, not into a  |
| client trust account. We will only refund unearned fees You may enter into a security retail may lose funds held in our trust account which may be assets in a Chapter 7.  | ler agreement with another law little. We will not because you   |
| •  |  |
| Termination. If you decide not to proceed, delay, fail to respond, fail to pay my  | attorneys or provide all information & sign my petition  |
| according to this schedule, I agree that Geraci Law may discontinue work and char  | rge me for the work done to date at hourly rates shown   |
| above. We will only refund fees not earned. Wisconsin: We will submit any unresolved   | d dispute about the fee to binding arbitration within 30 days of   |
| receiving written notice of the dispute. You may file a claim with the Wisconsin Lawyers' I  | Fund for Client Protection if the we fall to provide a retund of   |
| unearned advanced fees. If you dispute the amount of the fee and want that dispute to be s   | upmitted to binding arbitration, you must provide written notice   |
| of the dispute to Geraci Law within 30 days of the mailing of the accounting. If we are unable after notice of the dispute from the client, we shall submit the dispute to binding arbitration.  | to resolve the dispute to the satisfaction of you within 50 days   |
|  |  |
| Time matters: You agree: to fully cooperate with us and provide all information required;  | use Client Corner and not to cause excessive work; that more   |
| than one attorney or staff will work on your file there is no extra charge for the entire Ge   | raci Law Team, unlike single attorney "law tirms. Change in  |
| circumstances: This flat fee is based on the facts you told us. If that changes, your fee ma property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "not  | ay change. Exemption laws only protect a limited amount of payernnt property to a Trustee No quarantee of Discharge: |
| Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge   | ge, for a variety of reasons. <b>Debts not discharged:</b> student   |
| loans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or s  | upport; fines; fraud, stealing or intentional injury claims, debts   |
| after filing including HOA dues: other debts listed in your green folder as usually not disch  | arged. No discharge if you don't take the 2nd educational  |
| course. I will not transfer or acquire any property or incur any credit or debt before filing,   | and I must make full disclosure of all income, expenses, debts   |
| VIVIT INDIAN   |  |
| Pate: 0 1/81 / X Erik Scheckelhoff (Debtor)  | Judith Kirchner (Joint Debtor)   |
| ( Lin dollorollori (Bostor)  |  |

Attorney for the Debtor(s), Representing Geraci Law L.L.C.

rev 161112

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B2030 (Form 2030) (12/15)

## United States Bankruptcy Court

|                                    | NORTHERN DIST  | RICT OF ILLINOIS EASTERN DIVISION   |
|------------------------------------|--|---|
| In ı                               | re   |   |
| Eri                                | k Thomas Scheckelhoff / Debtor   | Case No:  |
|                                    |  | Chapter: Chapter 7  |
|                                    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(inpensation paid to me within one year before the filing of the state of the sta | MPENSATION OF ATTORNEY FOR DEBTOR b), I certify that I am the attorney for the above named debtor(s) and that the petition in bankruptcy, or agreed to be paid to me, for services mplation of or in connection with the bankruptcy case is as follows: |
|                                    | For legal services, I have agreed to accept  | \$3,095.00  |
|                                    | Prior to the filing of this statement I have received  | \$3,095.00  |
|                                    | Balance Due  | \$0.00  |
| <ol> <li>3.</li> <li>4.</li> </ol> | The source of the compensation paid to me was:  Debtor(s) Other: (specify) The source of compensation to be paid to me is:  Debtor(s) Other: (specify)  I have not agreed to share the above-disclosed compof my law firm.   | pensation with any other person unless they are members and associates  |
| 5.                                 | I have agreed to share the above-disclosed compens   | sation with a other person or persons who are not members or associates with a list of the names of the people sharing in the compensation, is ander legal service for all aspects of the bankruptcy  |
|                                    | <ul> <li>a. Analysis of the debtor's financial situation, and reno bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, stac.</li> <li>c. Representation of the debtor at the meeting of credit</li> </ul>   |   |
| <b>6.</b><br>cha                   | pter, judicial lien avoidances, dischargeability actions, other  | nendments to schedules, adversary complaints or conversions to another er contested matters except the first meeting of creditors.  |
|                                    |  | Statement of any agreement or arrangement for tor(s) in this bankruptcy proceedings.  |
|                                    | Date: 05/24/2017   | /s/ Nicholas Jacob Tepeli   |
|                                    | Date   | Signature of Attorney   |

Record # 744532 Page 1 of 1

Geraci Law L.L.C.

Name of law firm

#### Case 17-16170 Georadi Lativeld 10.50225///limoisEntitiaenta 0/57/25/0175/i09:05:27 Desc Main

Headquarters: 55 E. Monroe Street, #3400 Chibagol IM 189503 868 250 250 OCH EINT CORNER WWW.INFOTAPES.COM

Date: 5/15/2017

Consultation Attorney: **TEP** 

Record #: 744-532



### Retainer Agreement Chapter 7 - Pre-filing

| Services before filing in Court: I retain Geraci Law L.L.C. to prepare to file a Chapter 7 bankruptcy petition in court. I agree to pay, by debit only, a flat fee for services before filing in court of \$ _2,000.00   |
|--|
| at \$ { } today, \$ { } per {} starting {}   |
| at \$ {} today, \$ {} per {} starting {} and \$ {} within 60 days of today. Bankruptcy is time-sensitivel may pay more than this amount to pre-pay post-filing services. After filing in court, any balance on the pre-filing fee is discharged. We will start preparing your documents as soon as you sign this contract. Work before signing is no charge. Work or Costs advanced AFTER filing   |
| in Court is not included in the pre-filing amount, unless you pay us for it in advance:  |
| After we file your Chapter 7 bankruptcy in Court, we will advance your Court Cost of \$335, and the flat fee for services after case filing is \$\frac{1,095.00}{8.095.00} & \$335 = \$\frac{1,430.00}{1.430.00}\$ total flat fee. We will present you with an agreement to repay the \$335, and pay a fee for our services after filing through Discharge or case closing without discharge. Whether or not you sign a post-filing agreement is entirely voluntary: you are not required to retain Geraci Law for post-bankruptcy services. You may hire some other law firm to finish your bankruptcy and Geraci Law may withdraw from representing you.   |
| The flat fee for pre-filing work pays for: consultation after hiring us, (before retaining us is free) preparation petition and schedules, means test & statement of financial affairs; phone calls, emails, web messages; processing and reviewing documents that we requested from you including faxes, email attachments, web uploads and mail; office appointment to review and sign your petition; filing your case in court. Excluded: appearance in any court or proceeding; taking calls from your creditors or bill collectors. If you decide to pre-pay, or pay for ALL services before and after we file your case in court, all work until case closing is included except: missed section 341 meetings; amendments to schedules; adversary proceedings; any motions including to reopen, avoid judgment liens, for enlargement of time; any contested matter including but not limited to objections to exemptions, motions to dismiss; attending rule 2004 examinations; reviewing documents that we did not specifically request from you; appearance other than bankruptcy court.  |
| Flat fee. With "flat fee", rather than hourly, you know in advance your entire cost unless additional work is required and it usually is cheaper, but you may choose to pay for our services billed hourly at \$75 -\$450/hour, and pay in advance a security retaier, which may cost you more, or less than a flat fee. Advance Payment Retainer. Payments on flat fee or hourly become our property on payment and are deposited into our operating account, not into a client trust account. We will only refund unearned fees You may enter into a security retainer agreement with another law firm: we will not because you may lose funds held in our trust account which may be assets in a Chapter 7.   |
| <b>Termination</b> . If you decide not to proceed, delay, fail to respond, fail to pay my attorneys or provide all information & sign my petition according to this schedule, I agree that Geraci Law may discontinue work and charge me for the work done to date at hourly rates shown above. We will only refund fees not earned. <b>Wisconsin</b> : We will submit any unresolved dispute about the fee to binding arbitration within 30 days of receiving written notice of the dispute. You may file a claim with the Wisconsin Lawyers' Fund for Client Protection if the we fail to provide a refund of unearned advanced fees. If you dispute the amount of the fee and want that dispute to be submitted to binding arbitration, you must provide written notice of the dispute to Geraci Law within 30 days of the mailing of the accounting. If we are unable to resolve the dispute to the satisfaction of you within 30 days after notice of the dispute from the client, we shall submit the dispute to binding arbitration.  |
| Time matters: You agree: to fully cooperate with us and provide all information required; use Client Corner and not to cause excessive work; that more than one attorney or staff will work on your file—there is no extra charge for the entire Geraci Law Team, unlike single attorney "law firms". Change in circumstances: This flat fee is based on the facts you told us. If that changes, your fee may change. Exemption laws only protect a limited amount of property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "non-exempt" property to a Trustee. No guarantee of Discharge: Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge, for a variety of reasons. Debts not discharged: student loans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing or intentional injury claims, debts after filing including HOA dues; other debts listed in your green folder as usually not discharged. No discharge if you don't take the 2nd educational course.  I will not transfer or acquire any property or incur any credit or debt before filing, and I must make full disclosure of all income, expenses, debts |
| CIVIT WINDS  |
| Date: S / S / X / X / X / X / X / X / X / X /  |
| ( LIN Sulfaceallium (Deptor)   |

Attorney for the Debtor(s), Representing Geraci Law L.L.C.

rev 161112

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Erik Thomas Scheckelhoff / Debtor | Bankruptcy Docket #:       |
|-----------------------------------|----------------------------|
|                                   | $Darikrapicy Docker \pi$ . |

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 05/19/2017 /s/ Erik Thomas Scheckelhoff

**Erik Thomas Scheckelhoff** 

X Date & Sign

Record # 744532 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

In re Erik Tho

B 201A (Form 201A) (11/11)

### UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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In re Erik Thoma

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 05/19/2017 | /s/ Erik Thomas Scheckelhoff |
|-------------------|------------------------------|
|                   | Erik Thomas Scheckelhoff     |
|                   |                              |

Dated: 05/24/2017 /s/ Nicholas Jacob Tepeli

Attorney: Nicholas Jacob Tepeli

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| Debto   | or 1 Erik   | Thomas   | Scheckelhoff   | Case Number (if knowr   | n)   |
|---------|---|--|--|---|--|
| Western | First Name  | Middle Name  | Last Name  |   |  |
| Pa      | 1.6: Answer These Questions   | for Reporting Purposes   | RECOGNICATION CONTRACTOR CONTRACT |   |  |
| 16      | What kind of debts do you have?   | as "incurred by a  No Go to line Yes Go to line  16b Are your debte money for a busing the control of the contr | an individual primarily for a persone 16b<br>ine 17<br>s primarily business debts<br>iness or investment or through<br>the 16c<br>ine 17   | s? Consumer debts are defined is sonal, family, or household purposed. Pausiness debts are debts that the operation of the business or insumer debts or business debts. | se "<br>you incurred to obtain   |
| 17      | Are you filing under<br>Chapter 7?  |  | ing under Chapter 7 Go to line   |   |  |
|         | Do you estimate that after<br>any exempt property is<br>excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? | Million -  | · · · · · · · · · · · · · · · · · · ·  | nate that after any exempt propert<br>ds will be available to distribute to   |  |
| 18      | How many creditors do you estimate that you owe?  | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999  | ☐ 1.000-5<br>☐ 5,001-1<br>☐ 10,001-  | 0,000   | ☐ 25.001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000   |
| 19      | How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,00<br>\$100,001-\$500,0   | 00   | ,001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million  | \$500,000,001-\$1 billion \$1,000.000.001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion |
| 20      | How much do you estimate your liabilities to be?  | \$0-\$50.000  \$50.001-\$100.000  \$100.001-\$500.00   | \$10.000<br>\$50.000   | .001-\$10 million<br>0.001-\$50 million<br>0.001-\$100 million<br>00.001-\$500 million  | \$500,000.001-\$1 billion \$1,000,000.001-\$10 billion \$10,000,000.001-\$50 billion  More than \$50 billion |
| Pai     | Sign Below  |  |  |   |  |
| For     | you   | I have examined this p correct   | etition and I declare under per  | nalty of perjury that the informatio  | n provided is true and   |
|         |   | If I have chosen to file   | ,  | hat I may proceed. if eligible. unde<br>f available under each chapter ar   |  |
|         |   |  | its me and I did not pay or agre<br>obtained and read the notice re  | ee to pay someone who is not an a<br>equired by 11 U.S.C. § 342(b)  | attorney to help me fill out   |
|         |   | I request relief in accor  | dance with the chapter of title  | 11, United States Code, specified   | I in this petition.  |
|         |   | -  | can result in fines up to \$250,   | operty, or obtaining money or pro<br>000, or imprisonment for up to 20  |  |
|         |   | x 22   |  | *   |  |
|         |   | Signature of Deb   | tor 1  | Signature of  | Debtor 2   |
|         |   | Executed on  | 5 /19 /2017<br>MM / DD / YYYY  | Executed on   | MM / DD / YYYY   |

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| Fill in this in        | formation to ident   | ify your case:  | P                                |   |       |
|------------------------|----------------------|---|----------------------------------|---|-------|
|                        | Erik                 | Thomas  | Scheckelhoff                     |   |       |
| Debtor 1               | First Name           | Middle Name   | Last Name                        |   |       |
| Debtor 2               |                      |   |                                  |   |       |
| (Spouse if filing)     | First Name           | Middle Name   | Last Name                        |   |       |
| United States          | Bankruptcy Court for | the : <u>NORTHERN</u> District of                     |                                  |   |       |
| Case Number            | -                    |   | (State)                          | Check if this is an   |       |
| (If known)             |                      |   |                                  | amended filing  |       |
|                        |                      |   |                                  |   |       |
|                        |                      |   |                                  |   |       |
| <u>Official F</u>      | <u>orm 106 De</u>    | <u>∋c</u>   |                                  |   |       |
| Declara                | tion About           | an Individual D                                       | ebtor's Schedul                  | es  | 12/15 |
| If two married p       | eople are filing to  | gether, both are equally respo                        | onsible for supplying correct in | nformation  |       |
| Vou must file th       | nie form whenever    | you file hankruntcy schedule                          | s or amended schedules. Mak      | ing a false statement, concealing property, or  |       |
| obtaining mone         | y or property by fr  | raud in connection with a ban<br>341, 1519, and 3571. | kruptcy case can result in fine  | es up to \$250,000, or imprisonment for up to 20  |       |
| e sonice/entrale       | Sign Below           |   |                                  |   |       |
| D:d                    |                      | omegne who is NOT an attorn                           | ey to help you fill out bankrup  | tey forms?  |       |
| ын you pay             | or agree to pay so   | official wild is NOT all attorn                       | ey to help you lill out bankrup  | tey forms:  |       |
| No No                  |                      |   |                                  |   |       |
| Yes 1                  | lame of Person       |   |                                  | Attach Bankruptcy Petition Preparer's Notice, Declaration. an Signature (Official Form 119) | d     |
|                        |                      |   |                                  |   |       |
|                        |                      |   |                                  |   |       |
|                        |                      |   |                                  |   |       |
|                        |                      |   |                                  |   |       |
| Under pena<br>correct. | ty of perjury, I dec | lare that I have read the sumr                        | nary and schedules filed with    | this declaration and that they are true and   |       |
|                        |                      |   |                                  |   |       |
| X                      |                      |   | <b>X</b>                         |   |       |
| Signatur               | e of Debtor 1        |   | Signature of Debtor 2            |   |       |

Date \_\_\_\_\_\_MM / DD / YYYY

Date = 5 /19 /2017

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| ebtor 1     | Erik   | Thomas  | Scheckelhoff                        | Case Number (if known)   |  |
|-------------|--|---|-------------------------------------|--|--|
|             | First Name   | Middle Name   | Last Name                           |  |  |
|             |  | re you filed for bankruptcy, did<br>rs, or other parties.           | you give a financial statement to   | anyone about your business? Include all financial  |  |
|             | -  |   |                                     |  |  |
| L           | Yes Fill in the de   |   |                                     |  |  |
|             | authorities and the contract of the contract o | Date iss  | ued                                 |  |  |
| Part '      | 12: Sign Below   |   |                                     |  |  |
| ans<br>in c | wers are true and  | correct. I understand that maki<br>bankruptcy case can result in fi |                                     | nd I declare under penalty of perjury that the<br>property, or obtaining money or property by fraud<br>nent for up to 20 years, or both. |  |
| ×           | Signature of Deb   | otor 1  | Signature of Do                     | ebtor 2  |  |
|             | Date 5 /10   | / /2017<br>/ YYYY   | Date                                | DD / YYYY  |  |
| Did         | you attach additio   | onal pages to Your Statement o                                      | f Financial Affairs for Individuals | Filing for Bankruptcy (Official Form 107)?   |  |
|             | No<br>Yes  |   |                                     |  |  |
| Did         | you pay or agree   | to pay someone who is not an  | attorney to help you fill out bank  | ruptcy forms?  |  |
| 182         | No   |   |                                     |  |  |
|             | Yes. Name of pe  | rson  |                                     | . Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration. and Signature (Official Form 119)                                    |  |

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|          | per ci | 77 b   | Cabaalialbaff |                        |
|----------|--------|--------|---------------|------------------------|
| Debtor 1 | Erik   | Thomas | Scheckelhoff  | Case Number (if known) |
|          |        |        | 1 - 4 11      |                        |

Part 3:

Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

| × | MANIMA                  | *                      |
|---|-------------------------|------------------------|
| * | Signature of Debtor 1   | Signature of Debtor 2  |
|   | Date Dated. 5 /19 /2017 | Date<br>MM / DD / YYYY |

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### **DISCLAIMER** Debtors have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win Interest on student loans continue to run while you are in a Chapter 13
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signers and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be
- TAX DEBTS. Most taxes are not discharged in bankruptcy However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

  (1) The tax return was DUE at least 3 YEARS (plus extensions) before the filling of your bankruptcy case (2) You FILED your income tax return at least 2

  YEARS before your bankruptcy was filed (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District

  Director) (3) You did not wilfully intend to evade the tax (4) The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5 Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt b. Failure to keep books and records documenting your financial affairs c Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy f. Failure to appear at meetings, court dates, or co-operate with the Trustee
- 9 INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us. or after. IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred
- 13 SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate. condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure Turn condo keys over to condo association or remain liable for assessments after filling, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C. and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17 AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankruptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18 Setoffs if you have money in a credit union or creditor account. or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!!!

| Dated: <u>5 / 19 /</u> 2017 |                          | X Date & Sign |
|-----------------------------|--------------------------|---------------|
|                             | Erik Thomas Scheckelhoff |               |

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Erik Thomas Scheckelhoff / Debtor

Bankruptcy Docket #.

Judge

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: <u>5 / 19 /</u>2017

Erik Thomas Scheckelhoff

X Date & Sign

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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| Debtor | 1           | Erik   | Thomas  | Scheckelhoff   | Case Number (if known)                               |
|--------|-------------|--|---|--|--|
| 41 4   | Su          | ımmary of Your As  | Middle Name<br>t of your total nonpriority unse<br>ssets and Liabilities and Certain<br>umay refer to line 5 on that form | Statistical Information Schedules  |  |
|        |             |  |   |  | x 25   |
| 41b    |             | % <b>of your total no</b><br>ultiply line 41a by 0           | npriority unsecured debt. 11 t<br>0 25  | J S C § 707(b)(2)(A)(i)(I)   | Copy<br>here <del>→</del>                            |
| 42     | is :        | ermine whether th<br>enough to pay 25<br>neck the box that a | % of your unsecured, nonprio  | fter subtracting all allowed deductivity debt.                           | ctions   |
|        |             | Line 39d is les<br>Go to Part 5                              | ss than line 41b. On the top of p   | page 1 of this form, check box 1, 7                                      | here is no presumption of abuse.                     |
|        |             | Line 39d is equof abuse You                                  | ual to or more than line 41b. C<br>may fill out Part 4 if you claim s   | on the top of page 1 of this form, cl<br>pecial circumstances Then go to | neck box 2, <i>There is a presumption</i><br>Part 5  |
| Par    | : <b>4:</b> | Give Details   | About Special Circumstances   |  |  |
| 43     |             | asonable alternati   | ive? 11 U S C § 707(b)(2)(B)  | additional expenses or adjustme  | ents of current monthly income for which there is no |
|        | L           | No Go to Part  | t 5   |  |  |
|        |             |  | following information All figure item You may include expense   |  | thly expense or income adjustment                    |
|        |             | adjustments ne   | a detailed explanation of the specessary and reasonable You loome adjustments   | pecial circumstances that make the<br>must also give your case trustee d | e expenses or income<br>ocumentation of your actual  |
|        |             | Give a deta  | iled explanation of the special   | circumstances  | Average monthly expense or income adjustment         |
|        |             |  |   |  |  |
|        |             |  |   |  |  |
|        |             |  |   |  |  |
|        |             |  |   |  |  |
|        |             |  |   |  |  |
|        |             |  |   |  |  |

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct

Erik Thomas Scheckelhoff

Date Dated <u>5/19</u>/2017

Part 5:

Sign Below

Page 60 of 61 Number (if known) Document<sub>f</sub> Thomas Last Nam Column A Column B Debtor 1 Debtor 2 or non-filing spouse \$ 0.00 0.00 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:.... For you ..... For your spouse ..... **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. 0.00 \$ 0.00 \$ 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line10c. \$ 0.00 0.00 10a. \$ \$ 0.00 0.00 10b. \$ \$ 10c. Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for each 4,750.00 1,622.70 = 6,372.70 \$ column. Then add the total for Column A to the total for Column B Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. \$ 6,372.70 Multiply by 12 (the number of months in a year). x 12 12b. The result is your annual income for this part of the form. 12b. 76,472.40 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. IL Fill in the number of people in your household. 2 13 66,487.00 Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b.  $\overline{\chi}$  Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. Erik Thomas Scheckelhoff Date: 5 / 23 /2017 If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Desc Main

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In re Erik Thomas Scheckelhoff / Debtor

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations: most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptey Code.

Under chapter 13. you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations: most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets. Itabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 5 / 19 /2017

Erik Thomas Scheckelhoff

X Date & Sign

Dated: \_\_\_\_/\_\_/2017

Attorney: Nicholas Jacob Tepeli

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